DOCUMENT RESUME

ED 234 018 SP 022 946

TITLE	An Evaluation of the Nutrition Services for the Elderly. Volume V. Questionnaires.
INSTITUTION	Kirschner Associates, Inc., Albuquerque, N. Mex.; Opinion Research Corp., Princeton, N.J.
SPONS AGENCY	Administration on Aging (DHHS), Washington, D.C.
PUB DATE	May 83
CONTRACT	105-77-3002
NOTE	316p.; For related documents, see SP 022 942-945.
PUB TYPE	Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC13 Plus Postage.
DESCRIPTORS	Delivery Systems; Dining Facilities; Eating Habits; Federal Programs; *Food Service; Health Programs; Homebound; Loneliness; Nutrition; *Older Adults; *Outreach Programs; Participant Characteristics; Participation; Physical Health; Program Evaluation; Questionnaires; Research Tools; Social Isolation
IDENTIFIERS	Congregate Dining; Meal Programs; Nutrition Services

ABSTRACT

This document is part of a five-volume nationwide study of Nutrition Services operations and elderly citizens participating in congregate dining and home delivery services authorized by Title III-C of the Older Americans' Act. This volume contains the questionnaires used in the study. Section 1 gives a report overview and acknowledgements. Section 2 presents the project review field instruments, including a data collection form and questionnaires for state nutrition service directors, area agency directors, nutrition service directors, nutritionists, dietitians, advisory council members, and site managers. Section 3 contains participant and non-participant interview instruments, including questionnaires for site participants, home-delivery recipients, non-participating neighbors, and former participants. (JMK)

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Volume V

QUESTIONNAIRES

AN EVALUATION OF THE NUTRITION SERVICES FOR THE ELDERLY

Conducted for

THE ADMINISTRATION ON AGING
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

May 1983

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Volume V

QUESTIONNAIRES

AN EVALUATION OF THE NUTRITION SERVICES FOR THE ELDERLY

Conducted for

THE ADMINISTRATION ON AGING
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

By

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Albuquerque, New Mexico 87016

OPINION RESEARCH CORPORATION
Princeton, New Jersey 08540

Contract # 105-77-3002

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I. Overview of the Report

The evaluation of the Nutrition Services for the Elderly was jointly conducted by Kirschner Associates, Inc. and Opinion Research Corporation. The Final Report is available in five separate volumes. This volume (Volume V) contains the questionnaires used by the contractors in executing the evaluation. It is intended as a resource volume. Other volumes of the Final Report are:

Volume I: EXECUTIVE SUMMARY

Volume II: ANALYTIC REPORT

- Executive Summary
- Wave I vs. Wave II Program Operations
- Program Impacts
- Supportive Services
- Contributions
- Priority Elderly
- Home-Delivery Service

Volume III: DESCRIPTIVE REPORT

This volume presents an explication of the evaluation data base. It is intended as a resource volume, as its findings have been refined and subjected to the focused analyses presented in Volume II: ANALYTIC REPORT. The volume includes:

- Program Characteristics
- Interviews with Participants and Non-Participants

Volume IV: APPENDICES

Volume IV presents the Methodology Appendix describing the research design and how the evaluation was executed. Twenty-seven other appendices report analytic techniques and measures of statistical significance referred to in the text of Volume II and Volume III.

PROJECT REVIEW FIELD INSTRUMENTS: 1982

The project review portion of the evaluation, conducted by Kirschner Associates, utilized six interview questionnaires plus a form for recording data from records and observations. Five of the questionnaires were used during interviews with staff members; the sixth was used in a group interview with as many as three members of the nutrition service provider's advisory council (if there was one).

In general, the sequence of contacts within a given state, and except where staff schedules required alteration, the sequence of interviews, was the following:

- State Nutrition Service Director
- Area Agency on Aging Director
- Nutrition Service Director
- Nutritionist/Dietitian (if the provider had one)
- Site Manager
- Advisory Council Member(s)

The information recorded on the Data Collection Form for Records and Observations was obtained from the provider's office and during three visits to the sample congregate meal site.

Use of these instruments was guided by a Field Manual, supplemented by a two-day training session attended by each of the 29 field research associates involved in the work. The performance of the instruments was examined empirically and summarized in a Report on Data Quality for the 1982 Project Review Data (dated October 7, 1982).

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OMB No. 0980-0123
Expires 9-30-82

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Sample Area No. _____
I.D. No. _____
Log _____
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Revised 5/81

QUESTIONNAIRE FOR STATE NUTRITION SERVICE DIRECTORS

Respondent's Name: _____ ☐ (✓) If interviewed during First Nave

Position Title: _____

Name of Agency: _____

Office Location: _____

City/State: _____

Office Telephone: (___) ___-____

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

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PRELIMINARY REMARKS

(To Be Read Directly Prior to Beginning the Interview)

This interview contains questions about administration of nutrition services, at the state level. For your information, this study is authorized under Section 207 of the Older Americans Act of 1965. The result will be reported statistically; no data for any individual person, provider, or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of, or all of this questionnaire.

As I mentioned before, data for this study will be collected several times during the period of the study. We first collected data during 1976. At the present time, we're interested in learning how services here changed since then.

The projects included in our sample are:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

(8) _____

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1. To which state agency does your office report?

Governor's Office	1
Health & Social Services (welfare)	2
Human Resources (e.g., Employment Services, Manpower)	3
State Planning Office	4
Other (specify): _____	0

_____

2. DETERMINE NUMBER OF ORGANIZATIONAL LEVELS ABOVE STATE AGENCY ON AGING. (FOR EXAMPLE: IF THE STATE AGENCY ON AGING REPORTS TO THE DEPARTMENT OF HUMAN RESOURCES, WHICH IN TURN REPORTS TO THE GOVERNOR'S OFFICE, THEN THE NUMBER OF ORGANIZATIONAL LEVELS ABOVE THE STATE AGENCY ON AGING = 2.)

NO. OF ORGANIZATIONAL LEVELS: _____

3. Can you tell me about any significant changes in the state's nutrition services during the past two years?

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4. Including yourself, what is the total number of staff people who spend at least some time on nutrition services at the state level?

Enter Number ☐

5. Does the state staff include a nutritionist? (NOTE: YOU MAY BE INTERVIEWING THE STATE NUTRITIONIST)

Yes	1
No	2
D.K.	9

IF YES:

5a. What are the nutritionist's functions with respect to Title III-C services?

6. How many nutrition service providers ("Projects") are currently in operation in this state?

☐

7. What is the current *process* for selecting service providers?

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8. Who of the following, is involved in making decisions regarding apportionment of Title III funds to various providers in the state?

MULTIPLE RESPONSES ALLOWED

Director, State Unit on Aging	1
State Nutrition Program Director	1
Area Agency Directors	1
State Council on Aging	1
Governor of State	1

9. What specific functions does your office perform with respect to reviewing contracts entered into by service providers?

None	1
Determine consistency with Federal regulations	1
Determine legality	1
Determine consistency with state policy	1
Other (specify): _____	1

MULTIPLE RESPONSES ALLOWED

IF OFFICE REVIEWS CONTRACTS:

9a. Are the contracts reviewed before or after they are signed?

Before	1
After	2
Both	3
Other (specify): _____	0

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10. Does your agency monitor or assess the service provider in: (IF YES, How do you monitor the Project, by personal visits, mail questionnaires, project reports, or some other method?)

(SAMPLE AREA):	NO	YES: How? Pers. Visits	Mail Q'aires	Prov. Rpts.	Other (Specify)
1) _____	1	2	3	4	0 _____
2) _____	1	2	3	4	0 _____
3) _____	1	2	3	4	0 _____
4) _____	1	2	3	4	0 _____
5) _____	1	2	3	4	0 _____
6) _____	1	2	3	4	0 _____
7) _____	1	2	3	4	0 _____
8) _____	1	2	3	4	0 _____

IF NO TO ALL: SKIP TO Q. 12

FOR MONITORED PROVIDERS:

11. How often is each (sample) provider monitored or assessed?

(SAMPLE AREA):	Once per month	Once per quarter	Semi-annually	Annually	D.K.	Other (specify)
1) _____	1	2	3	4	9	0 _____
2) _____	1	2	3	4	9	0 _____
3) _____	1	2	3	4	9	0 _____
4) _____	1	2	3	4	9	0 _____
5) _____	1	2	3	4	9	0 _____
6) _____	1	2	3	4	9	0 _____
7) _____	1	2	3	4	9	0 _____
8) _____	1	2	3	4	9	0 _____

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12. What, if any, specific technical assistance has your office provided in the last two months to the provider in:

(SAMPLE AREA):	TECHNICAL ASSISTANCE (Describe content briefly)
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	
6) _____	
7) _____	
8) _____	

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13. How frequently does your office have contact, either by personal visit or by telephone, with the service provider in:

(SAMPLE AREA):	Weekly	Once or twice a month	Once or twice a quarter	Once or twice a year	Other (specify)
1) _____	1	2	3	4	0 _____
2) _____	1	2	3	4	0 _____
3) _____	1	2	3	4	0 _____
4) _____	1	2	3	4	0 _____
5) _____	1	2	3	4	0 _____
6) _____	1	2	3	4	0 _____
7) _____	1	2	3	4	0 _____
8) _____	1	2	3	4	0 _____

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14. In addition to those that you have already mentioned, are there any other specific functions or responsibilities that your office has with respect to the nutrition services in:

(SAMPLE AREA):	YES	NO	D.K.	IF YES: EXPLAIN.
1) _____	1	2	9	
2) _____	1	2	9	
3) _____	1	2	9	
4) _____	1	2	9	
5) _____	1	2	9	
6) _____	1	2	9	
7) _____	1	2	9	
8) _____	1	2	9	

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13. Have there been any problems in applying or following Federal nutrition service guidelines in any of the local projects?

Yes		1
No	SKIP TO Q. 16	2
D.K.		9

IF YES:

13a. Have there been problems in the following specific provider(s)?

1) _____	1	YES	2	NO	9 D.K.
2) _____	1	YES	2	NO	9 D.K.
3) _____	1	YES	2	NO	9 D.K.
4) _____	1	YES	2	NO	9 D.K.
5) _____	1	YES	2	NO	9 D.K.
6) _____	1	YES	2	NO	9 D.K.
7) _____	1	YES	2	NO	9 D.K.
8) _____	1	YES	2	NO	9 D.K.

13b. What sorts of problems have occurred?

(PROBE: ASK R. TO IDENTIFY PROBLEMS BY SAMPLE AREA PROVIDER, IF APPLICABLE.)

13c. What has been done to resolve these problems?

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16. At the state level, have there been any difficulties in interpreting or applying any of the Federal nutrition services guidelines for the State Office on Aging? (For example, are any of the guidelines ambiguous, contradictory, or inappropriate for the state situation?)

Yes	1
No	2
D.K.	9

IF YES:

16a. Please explain.

17. What would you say are the main problems that exist in administering nutrition services in this state?

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18. What functions does the HHS Regional Office perform with respect to nutrition services in this state?

19. Is there anything the Regional officials could do or change that would improve the operations or administration of the nutrition services?

Yes	1
No	2
D.K.	9

IF YES:

19a. Please explain.

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20. Do you have any additional comments to make about the nutrition services?

Now it would be useful for us to have some personal statistics on you.

21. How many years have you been in this position?

YEARS ☐

Here is a card with some response categories for the last questions. As I read each question, simply give me the category number for your response.

22. To which racial or ethnic group do you belong?

ENTER CODE ☐

Hispanic	1
American Indian or Alaskan Native	2
Asian or Pacific Islander	3
Black, not of Hispanic Origin	4
White, not of Hispanic Origin	5
Other (specify): _____	0

_____

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23. To which age group do you belong?

ENTER CODE ☐

Under 30	1
30-54	2
55 and over	3

24. How far did you go in school?

ENTER CODE ☐

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without Master's
5 Master's degree
6 Doctoral degree

25. SEX:

Female	1
Male	2

We have now completed the interview. I want to thank you for taking time to talk with me about the Nutrition services in this state.

If any Area Agency or provider people have questions about the authorization for this study, whom should we have them contact in your office?

Name: _____

Phone: (___)_____

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Revised 5/81

AREA AGENCY DIRECTOR QUESTIONNAIRE

Respondent's Name: _____ ☐ (✓) If interviewed during First Wave

Position Title: _____

Name of Agency: _____

Office Location: _____

City/State: _____

Office Telephone: (___) ___-____

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

KIRSCHNER ASSOCIATES INC.

PRELIMINARY REMARKS

(TO BE READ DIRECTLY PRIOR TO BEGINNING THE INTERVIEW)

FOR OFFICE USE ONLY

This interview contains questions about the service area, the nutrition service, and its relationship to the Area Agency. For your information, this study is authorized under Section 207 of the Older American Act of 1965. The results will be reported statistically; no data for any individual person, provider, or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of or all of this questionnaire.

1. How many nutrition service providers are currently operating in the area?

NUMBER [ ]

2. What are the present boundaries? Do they include several counties, one county, one community, or some other area?

Multi-county	1
Single county	2
City/community	3
Other (specify): _____	0

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3. I have a list of services that senior citizens might need. After I read each item on the list, would you tell me if it's available to senior citizens in the area served by the (sample) provider.

FOR EACH SERVICE ASK:

Approximately what percentage of the elderly who need these services are now receiving them?

	3a AVAILABLE			3b PERCENT SERVED
	Yes	No	D.K.	
(1) hospital care	1	2	9	
(2) outpatient health care	1	2	9	
(3) nursing home care	1	2	9	
(4) counseling/mental health care	1	2	9	
(5) recreation facilities and activities	1	2	9	
(6) homemaking/chore services	1	2	9	
(7) housing services	1	2	9	
(8) regular telephone contact	1	2	9	
(9) legal services	1	2	9	
(10) transportation services	1	2	9	
(11) information and referral	1	2	9	
(12) congregate meal services	1	2	9	
(13) homebound meal services	1	2	9	
(14) other services (specify):	1	2	9	

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(HAND CARD TO DIRECTOR) Here is a card which lists some categories of need which might be met by nutrition services. I'd like your opinion regarding the relative severity of these needs in the area served by (provider's n a m e). What is the most serious *need* for the elderly in that area? (ASSIGN RANK 1) The next most serious need? (ASSIGN RANK 2 ; CONTINUE FOR ALL FOUR RANKS)

(ENTER RANKS; 1 = MOST SEVERE, 4 = LEAST SEVERE)

	4a NEED RANK	4b N.S.P. RANK
Improved nutrition	_____	_____
Social contact	_____	_____
Education, information	_____	_____
Physical exercise, mobility	_____	_____

Now I'd like you to rank the *nutrition service provider* in terms of its current importance for its particular participants. In which of those categories is its most important contribution? (ASSIGN RANK 1; CONTINUE FOR ALL FOUR RANKS.)

5. Is there anything more you would like to say about the needs of older residents and the resources available in the service provider's area?

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6. Next, I'd like to learn about your relationship with (provider's name). I have a list of possible areas of involvement with the service. I would appreciate your indication of how much assistance your agency has provided in each area during the past year. Would you say that your assistance has been great, moderate, little, or none, with respect to:

	Great	Moderate	Little	None
(1) planning nutrition service operations	3	2	1	0
(2) staffing and personnel issues	3	2	1	0
(3) staff training	3	2	1	0
(4) fiscal management	3	2	1	0
(5) evaluation of meal quality	3	2	1	0
(6) evaluation of service operations	3	2	1	0
(7) other technical assistance specify:	3	2	1	0

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7. Does the Area Agency receive regular reports from the nutrition service provider?

Yes	1
No	2
D.K.	9

IF YES:

7a. What items are reported by the provider? (RECORD BELOW.)

7b. How often is this information submitted to the Area Agency? (RECORD BELOW.)

FOR EACH REPORT:

Item or Report	Frequency

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8. Does the Area Agency staff prepare any reports on (provider's name).

- Yes 1
- No 2
- D.K. 9

IF YES:

8a. What reports are prepared? (RECORD BELOW.)

FOR EACH REPORT:

8b. How often is this report prepared? (RECORD BELOW.)

8c. To what agency is this report submitted?

Name of Report	Frequency	Submitted to
(1) Participation		
(2) Fiscal		
(3) Evaluation		
(4) Other		

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9. Next, I would like your evaluation of how well (provider's name) is currently functioning. Are there any areas of operation that are current problems, reducing the ability of the project to function effectively?

Yes 1
No 2

IF YES:

9a. What are these problems?

9b. Summary of Problem Areas Identified:

MULTIPLE RESPONSES ALLOWED

Inadequate funds	1
Inadequate program planning	1
Program administration	1
Staff availability	1
Staff training	1
Menu/meal preparation/quality	1
Physical facilities	1
Other	1

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10. Do you have any additional comments on the nutrition services in (sample area)?

Now it would be useful for us to have some personal statistics on you.

11. How many years have you been in this position?

YEARS ☐

Here is a card with some response categories for the last questions. As I read each question, simply give me the category number for your response.

12. To which racial or ethnic group do you belong?

ENTER CODE ☐

Hispanic	1
American Indian or Alaskan Native	2
Asian or Pacific Islander	3
Black, not of Hispanic Origin	4
White, not of Hispanic Origin	5
Other (specify): _____	0

_____

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13. To which age group do you belong?

ENTER CODE ☐

Under 30	1
30-54	2
55 and over	3

14. How far did you go in school?

ENTER CODE ☐

What were your major subjects of study? SPECIFY

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without Master's
5 Master's degree
6 Doctoral degree

15. SEX: Female 1
Male 2

We have now completed the interview. I want to thank you for taking time to talk with me about the nutrition program in this area.

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Expires 9-30-82

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Revised 5/81

NUTRITION SERVICE DIRECTOR QUESTIONNAIRE

Respondent's Name: _____ ☐ (✓) If interviewed during First Wave

Office Location: _____

City/State: _____

Office Telephone: ( ) _____

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

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PRELIMINARY REMARKS

(TO BE READ DIRECTLY PRIOR TO BEGINNING THE INTERVIEW)

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This interview contains questions about the operations and organization of your nutrition services. For your information, this study is authorized under Section 207 of the Older Americans Act of 1965. The results will be reported statistically; no data from any individual person, provider, or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of or all of this questionnaire.

This is the second phase of a longitudinal study of the nationwide nutrition services. The first phase occurred in 1976. Now we'd like to update the 1976 information and determine how providers and sites have changed since then.

My questions are organized in the following way. First, I will ask you about the congregate meal service, including some questions specific to the _____ site, which is one of 70 sites in our nationwide sample. Then I have some questions about other services, including home delivered meals. Next, I have some questions about the organization and staffing of your operation. And finally, I would like to obtain your opinions about how your program is functioning.

1. First of all, how many congregate meal sites are now operating under this office?

I'd like to ask a few questions about the congregate meal services at _____, since that site is in our national sample.

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2. Who prepares the meals for that site? (CIRCLE APPROPRIATE RESPONSE NUMBER.)

NUTRITION PROVIDER STAFF	1
CONTRACTOR OR CATERER	2
COMBINATION	3
OTHER ARRANGEMENT	0

SPECIFY:

2a. Has there been a change in the meal preparation arrangement for that site since 1976?

YES	1
NO	2
DON'T KNOW	9

IF YES:

2b. Why was the change made?

TO SAVE MONEY	1
TO GET BETTER MEALS	2
TO IMPROVE SCHEDULE	3
OTHER (SPECIFY):	0

SELECT MAJOR REASON

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3. Where are the meals for the site prepared?

AT THE SITE ITSELF, OR	1
AT SOME OTHER LOCATION	2

IF OTHER LOCATION:

3a. Who delivers the meals to the site?

PROVIDER STAFF	1
CONTRACTOR (SPECIFY NAME)	2
_____	
OTHER ARRANGEMENT (SPECIFY)	0
_____	

3b. What type of vehicle is used to transport meals to the site?

AUTOMOBILE	1
TRUCK OR VAN WITH NO SPECIAL EQUIPMENT	2
TRUCK OR VAN EQUIPPED FOR CARRYING FOOD	3
OTHER (SPECIFY)	0

3c. What equipment or procedures are used to insure that the meals reach the site in good condition?

INSULATED CONTAINERS	1
HEATED/REFRIGERATED VAN	1
OTHER (SPECIFY): ____	1
_____	

MULTIPLE RESPONSES ALLOWED

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4. Do participants at the site pay for meals, do they make a donation, or is the meal free?

PAY	1
DONATE	2
FREE MEAL	3

IF PAY OR DONATE:

4a. How much do participants "pay" ("donate") for each meal?

"PAY" = prescribed amount . . . . . $ ☐ . ☐☐

"DONATE" average amount suggested. . . . $ ☐ . ☐☐

"DONATE" average amount actually given . $ ☐ . ☐☐

4b. Is the amount "paid" ("donated") a private matter?

YES	1
NO	2
DON'T KNOW	9

4c. Are "payments" ("donations") made anonymously?

YES	1
NO	2
DON'T KNOW	9

4d. How are the "payments" ("donations") collected?

1 When entering meal site for each meal by dropping money in box

2 When entering meal site for each meal by handing money to staff

3 At meal site with food stamps

4 Paid in advance at meal site

5 Paid in advance through purchase of a meal ticket

6 Money envelopes at dining tables

7 Paid in advance by other method (explain):

8 Charged and paid for later (explain procedure):

9 Don't know

0 Other (explain):

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4e. If a participant is *unable* to "pay" ("donate") for a meal, can he/she

(1) Pay later,
YES 1
NO 2

(2) Pay less than the suggested amount,
YES 1
NO 2

(3) Receive a meal without "paying" ("donating")?
YES 1
NO 2

(4) Volunteer services in lieu of the "payment" ("donation")?
YES 1
NO 2

(5) Or is there some other option for the participant who cannot "pay" ("donate")?
YES 1
NO 2

IF YES:
Please describe

(CONTINUED ON THE NEXT PAGE.)

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4f. Are the participants' "payments" ("donations") used for a special purpose, or are they mingled with other funds?

SPECIAL 1
MINGLED 2

IF SPECIAL:

4g. For what special purpose are the contributions used?

COFFEE, OTHER EDIBLES	1
PARTICIPANT RECREATION	1
EQUIPMENT AT SITE	1
PARTICIPANT SERVICES	1
OTHER (SPECIFY): _____	0

MULTIPLE RESPONSES ALLOWED

5. Who was involved in deciding about participants' contributions for meals?

MULTIPLE RESPONSES ALLOWED

ADVISORY COUNCIL	1
AREA AGENCY ON AGING	1
PROVIDER STAFF	1
OTHER (SPECIFY): _____	1
DON'T KNOW	1

6. What factors were considered in deciding how much participants should contribute?

MULTIPLE RESPONSES ALLOWED

(1) PARTICIPANT INCOME LEVELS	1
(2) PROVIDER MEAL COSTS	1
(3) WILLINGNESS TO PAY	1
(4) OTHER (SPECIFY): _____	1
DON'T KNOW	1

IF MORE THAN ONE FACTOR:

6a. Which of these reasons was most important? ENTER NUMBER FROM ABOVE [ ]

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Next, I have some questions about recruitment of program participants.

7. What methods have been used in the last month to recruit or enroll participants?

MULTIPLE RESPONSES ALLOWED

Door to door canvassing	1
Posters in neighborhood	1
TV or radio	1
Newspaper	1
Publicity through senior citizens' clubs	1
Publicity through churches	1
Enlisting referrals from other agencies (specify agencies): _____	1
Referral by other participants	1
Other (specify): _____	1
Don't Know	1
None	1

7a. NUMBER OF DIFFERENT METHODS USED: [ ]

8. Nutrition providers vary in the type of enrollment emphasis they adopt. For instance, some providers have an "open" emphasis and try to appeal to all elderly in their service areas. Others try to enroll mainly the elderly with special needs. Would you say your agency tends to have an "open" enrollment emphasis, a "special group" emphasis, or a combination of these?

Open	1	(SKIP TO Q. 9)
Special	2	
Combination	3	
Don't Know	9	

(CONTINUED ON THE NEXT PAGE.)

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IF SPECIAL OR COMBINATION:

8a. What special groups are emphasized?

MULTIPLE RESPONSES ALLOWED

Ethnic minorities	1
Low income	1
Isolated	1
Very old	1
Physically Handicapped	1
Other (specify): _____	
_____	1
Don't Know	1

IF MORE THAN ONE GROUP MENTIONED:

8b. How would you rank the groups you mentioned in terms of priority of need for y o u r services? (ENTER A "1" FOR GROUP WITH HIGHEST PRIORITY, "2" FOR SECOND HIGHEST, ETC.)

___ Ethnic minorities
___ Low income
___ Isolated
___ Very old
___ Physically handicapped
___ Other (specify): _____
_____

8c. What specific strategies have been used to insure that these groups are served?

READ LIST

Place sites where they live	1
Canvass neighborhoods where they live	1
Discourage others from enrolling (specify how): _____	
_____	1
Other (specify): _____	
_____	1
None	1
Don't Know	1

(CONTINUED ON THE NEXT PAGE.)

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8d. What difficulties have you had, if any, in enrolling these groups of people? (IF NONE OR DON'T KNOW, GO TO Q. 9.)

MULTIPLE RESPONSES ALLOWED

Language barriers	1
Generating interest	1
Overcoming stigma of charity program	1
Lack transportation to site	1
Non-acceptance by other participants	1
Lack of confidence in going to public places	1
Other (specify): _____	
_____	
_____	1
None (SKIP TO Q. 9)	1
Don't Know (SKIP TO Q. 9)	1

8e. Have any changes been made in your recruitment in response to these problems? If so, would you describe them, please.

Next, I have a series of questions about home delivered meals.

9. Does this Program either *provide* or *arrange for* home delivered meal services?

Yes, *provides*	1	
Yes, *arranges* through other agency (e.g., meals on wheels) specify agency: _____	2	(SKIP TO Q. 10)
_____		
_____		
No, neither	3	(SKIP TO Q. 20)

(CONTINUED ON THE NEXT PAGE.)

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IF YES, PROVIDES:

9a. Who prepares the meals for home delivery?

Provider staff	1
Contractor (specify): ____	2

9b. How do the meals prepared for home delivery differ from the meals served at meal sites?

No difference	1
Menus differ	2
Special diets for home-delivery	3
Other (specify): _____	0

9c. Who is responsible for delivering the home delivered meals?

Provider staff	1
Volunteers	1
Other participants	1
Relatives/friends	1
Contractor (specify):	1
Other	1

MULTIPLE RESPONSES ALLOWED

9d. What precautions are taken to insure that meals are delivered in good condition, that hot foods are kept hot, food is not allowed to spoil, and so forth?

Use of thermal containers	1
Insulated vehicle	1
Other (specify): _____	1

MULTIPLE RESPONSES ALLOWED

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IF PROVIDER PROVIDES OR ARRANGES FOR HOME DELIVERED MEALS:

10. What are the funding sources for the home delivered meals program?

MULTIPLE RESPONSES ALLOWED

(1) Funding provided by provider grant (III-c)	1
(2) Other Older Americans Act grant (other than III-c)	1
(3) Other Federal (specify): _____	1
(4) State funds (specify): _____	1
(5) Local (specify): _____	1
(6) Private foundation or organization	1
(7) Participant payments	1
(8) Other (specify): _____	1

IF MORE THAN ONE SOURCE:

10a. What is the major source of funding for the home delivered meals program?

NUMBER FROM ABOVE ☐

11. Can any older person (60+, or spouse) receive home delivered meals, or must he meet certain eligibility criteria?

Any older person	1
Must meet criteria	2

IF OTHER CRITERIA:

11a. What are these eligibility criteria?

MULTIPLE RESPONSES ALLOWED

Illness, handicap	1
Lack of transportation	1
Advanced age	1
Area residency	1
Other (specify): _____	1

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12. Is home delivery service available to:

Participants who usually attend meal sites or	1
People who do *not* go to the meal sites	2
Or both?	3

13. What methods are used to find people needing home-delivered meals?

None, nutrition provider does not carry out this function	1
Outreach visits	1
Publicity through organizations	1
Publicity through news media	1
Referral from agencies	1
Other (specify): _____	1

MULTIPLE RESPONSES ALLOWED

14. Is anything done to encourage home delivery recipients to eat at the meal sites when they can?

Yes	1
No	2
Don't Know	9

IF YES:

14a. What is done to encourage meal site attendance?

IF NO:

14b. Are there any particular reasons for not encouraging them to eat at the sites?

Yes	1
No	2

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IF YES:

14c. What are the reasons?

MULTIPLE RESPONSES ALLOWED

Home delivery recipients are too ill/handicapped to go to the sites	1
The sites are not large enough to accommodate more participants	1
Transportation is not available to the site	1
Home delivery recipients would not mix well with the congregate participants	1
Other (specify): _____	1

15. Have you observed any general differences between congregate and home delivery participants--for instance, what differences have you noticed between the two groups in terms of:

READ LIST; MULTIPLE RESPONSES ALLOWED; SPECIFY DIFFERENCE

Age (specify): _____	1
Mobility	1
Health status	1
Ethnic background	1
Personality/interest in social activity	1
Income	1
Sex	1
Geographic location	1
Other differences	1

16. What is the home delivery service schedule, in terms of the average number of meals per day and number of days per week?

16a. MEALS PER DAY [ ]

16b. DAYS PER WEEK [ ]

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17. Do the recipients *pay* for home delivered meals, do they make a *donation*, or are the meals free?

Pay	1
Donate	2
Free meals	3

IF PAY OR DONATE:

17a. How much do recipients "pay" ("donate") for each meal?

$ ____ . ____

18. Once a person begins to receive home delivered meals, does the program provide any other services or make other contact with him?

Yes	1
No	2
Don't Know	9

IF YES:

18a. What services are provided?

18b. How often does the participant receive the service?

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19. On the whole, is there any aspect of the home delivery service you would like to see improved?
RECORD RESPONSE:

AREAS, NOTED ABOVE, NEEDING IMPROVEMENT:

MULTIPLE RESPONSES ALLOWED

Financial support of service	1
Transportation	1
Menu	1
Training of personnel	1
Other (specify):	1

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Next, I have some questions about several other services for the elderly.

20. Does the nutrition program provide or arrange for *transportation* of participants to meal sites?

Yes, at all sites	1
Yes, at some sites, including sample site	2
Yes, at some sites, not including sample site	3
No (Skip to Q. 21)	4

IF YES:

20a. Is transportation to the (sample) site provided by:

READ LIST; MULTIPLE RESPONSES ALLOWED

Paid provider staff	1
Volunteers	1
Other donated services (specify): _____ _____	1
Other agency staff *paid* by nutrition provider (specify): _____ _____	1
Other (specify): _____ _____	1

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21. Are escort services available through this program?

- Yes, at all sites 1
- Yes, at some sites, including sample site 2
- Yes, at some sites, not including sample site 3
- No (Skip to Q. 22)

IF YES:

21a. Who provides escort services (at sample site, IF OFFERED THERE)?

MULTIPLE RESPONSES ALLOWED

- Paid provider staff 1
- Volunteers 1
- Other donated service (specify donor): 1

  _____
- Other (specify): 1

  _____

  _____

22. Is shopping assistance available through this program?

- Yes, at all sites 1
- Yes, at some sites, including sample site 2
- Yes, at some sites, not including sample site 3
- No (Skip to Q. 23) 4

IF YES:

22a. Who provides shopping assistance to participants (at sample site, IF OFFERED THERE)?

- Paid provider staff 1
- Volunteers 1
- Other donated service (specify donor): 1

  _____
- Other agency staff paid by nutrition program (specify): 1

  _____
- Other (specify): 1

  _____

  _____

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23. Is nutrition education provided to nutrition participants?

Yes, at all sites	1
Yes, at some sites, including sample site	2
Yes, at some sites, not including sample site	3
No (Skip to Q. 24)	4

IF YES:

23a. Who provides nutrition education to participants (at sample site, IF OFFERED THERE?)

SPECIFY STAFF POSITION _____

AND AGENCY: _____

23b. Who developed the materials or curriculum for nutrition education?

SPECIFY STAFF POSITION _____

AND AGENCY: _____

24. Does the nutrition program sponsor recreation and social events for participants?

Yes, at all sites	1
Yes, at some sites, including sample site	2
Yes, at some sites, not including sample site	3
No (Skip to Q. 25)	4

IF YES:

24a. Who is involved in deciding what activities are offered?

MULTIPLE RESPONSES ALLOWED

Nutrition Service Director	1
Site manager(s)	1
Provider council	1
Site council	1
Participants	1
Other provider or site staff members	1
Other (specify): _____	1

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25. Is there an information and referral service for participants?

Yes, at all sites	1
Yes, at some sites, including sample site	2
Yes, at some sites, not including sample site	3
No	4

26. Is counseling available to participants?

Yes, at all sites	1
Yes, at some sites, including sample site	2
Yes, at some sites, not including sample site	3
No (Skip to Q. 27)	4

IF YES:

26a. Who provides counseling services to participants (at sample site, IF OFFERED THERE?)

MULTIPLE RESPONSES ALLOWED

Paid provider staff	1
Volunteers	1
Other donated services (specify donor): _____	1
Other agency staff paid by nutrition provider (specify: _____	1
Other (specify): _____ _____	1

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27. Does the nutrition program make any health or medical services available?

- Yes, at all sites 1
- Yes, at some sites, including sample site 2
- Yes, at some sites, not including sample site 3
- No (Skip to Q. 28) 4

IF YES:

27a. What health services are available?

28. Does the program offer other services or activities to participants?

- Yes 1
- No (Skip to Q. 29) 2

IF YES:

28a. What services are offered? (RECORD BELOW)

28b. Which of these services are offered at the (sample) site? (CHECK AS APPROPRIATE)

TYPE OF SERVICE OR ACTIVITY	SAMPLE SITE

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29. Have you observed that any other supportive services are needed but not currently available through the nutrition service operation?

Yes 1

No 2

IF YES: 29a. What type of services are needed?	29b. Why are they not available?

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I am interested in learning about any difficulties that you have experienced in providing supportive services. First I'd like your comments on four possible problem areas, and then I'd like to learn about other areas.

30a. Have there been interruptions of any services (i.e., cessation of service for a period of time)? (specify): 1
(RELIABILITY)

30b. Has the nutrition program had difficulty making arrangements with any other agency that provides a supportive service? (specify): 1
(COORDINATION)

30c. Has there been a lack of funds or staff to serve all participants who need the service? (specify): 1
(FUNDING)

30d. Do you feel that any of the services are not responsive to participant's needs or are inappropriate for participants in some ways? (specify): 1
(APPROPRIATENESS)

30e. Are there other problems that we have not talked about? (specify): 1

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I'd like to change the subject now and discuss the organization and staffing of your nutrition services.

31. Could you describe or diagram the staffing structure of this office? (REQUEST OR DRAW ORGANIZATIONAL CHART SHOWING STAFF POSITIONS.)

32. Does the nutrition program use volunteers?

Yes	1
No	2
Don't Know	9

IF YES:

32a. About how many volunteers are currently working in the program? _____

32b. What kinds of tasks are assigned to volunteers?

MULTIPLE RESPONSES ALLOWED

Meal site host	1
Cashier	1
Prepare food	1
Serve food	1
Clean up	1
Set tables	1
Transportation	1
Other (specify):	1

_____

32c. Could you estimate the total number of hours worked by all volunteers per week?

_____ HOURS/WEEK

33. In staff recruitment and selection, does this program seek people from among any particular groups or populations?

Yes	1
No	2

IF YES:

33a. What groups?

MULTIPLE RESPONSES ALLOWED

Minorities	1
Elderly	1
Other (specify:	1

_____

33b. How are they given preference?

Only people hired	1
Hiring preference if qualified	1
Testing preference (bonus points)	1
Other (specify):	1

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34. Does the program arrange for any orientation or in-service training for the staff (INCLUDING VOLUNTEERS)?

Yes 1
No 2

IF YES:

34a. What training is provided? How often is each type of training provided? Which staff members participate?

NATURE OF TRAINING (e.g., orientation, staff meetings, workshop on nutrition, etc.)	FREQUENCY	PARTICIPATING STAFF (Positions)

35. During the past year, have *you* received any training for your work with nutrition services?

Yes 1
No 2

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36. In your opinion what additional staff training, if any, would improve the nutrition operations? (PROBE FOR TYPE OF TRAINING AND WHO NEEDS TRAINING)

AREA OF TRAINING	STAFF POSITION NEEDING

SUMMARIZE: Training needed 1
Training not needed 2
Didn't know 9

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37. Does this program (provider) have an Advisory Council at the present time?

Yes 1

No 2

IF NO:

37a. What are the reasons why the program does not have a council?

Not yet formed

Lack of funds

Lack of interest

Other (specify):

_____

(SKIP TO Q. 38)

IF YES:

37b. What are the Council's actual functions? That is, with which of the following activities has the Council been involved during the past year?

READ LIST

Selecting any new nutrition staff members	1
Selecting volunteers	
Deciding what foods will be served	1
Deciding how nutrition funds should be spent	1
Setting the participant contributions	1
Planning of participant contribution recreational activities	1
Choosing meal site furnishings, decor, renovation plans	1
Selecting or improving supportive services	1
Deciding on or changing the hours and days meals are served	1
Evaluating operations at the meal sites	1

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IF PROVIDER COUNCIL EXISTS (Continued):

37b. (Cont.) Can you identify any *other* major Council functions? (Specify):

37c. In your opinion, is the Council's input into the nutrition activities useful all of the time, most of the time, sometimes, or rarely?

All of the time	1
Most of the time	2
Sometimes	3
Rarely	4

IF MOST, SOMETIMES, OR RARELY:

37d. How could the Council's input be more useful?

Meet more often	1
Increase participation	1
Learn more about services	1
Take budget into account	1
Other (specify):	1

_____

37e. Do you feel that the council has as much influence on Program activities as it should?

Yes	1
No	2
Don't Know	9

IF NO:

37f. Why does it lack influence?

Lacks power	1
Input not useful	1
Other (specify):	1

_____

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Next I'd like to ask you about this office's relationships with other agencies.

38. During the past year, how much assistance has the State Agency provided with respect to:

	Amount of Assistance			
	Great	Moderate	Little	None
(1) planning nutrition service operations	3	2	1	0
(2) staffing and personnel issues	3	2	1	0
(3) staff training	3	2	1	0
(4) fiscal management	3	2	1	0
(5) evaluation of meal quality	3	2	1	0
(6) evaluation of service operations	3	2	1	0
(7) other technical assistance specify:	3	2	1	0

39. Is there anything you feel the State Agency could do or any changes it could make that would assist in the operations of your Program?

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40. During the past year, how much assistance has the Area Agency provided with respect to:

	Amount of Assistance			
	Great	Moderate	Little	None
(1) planning nutrition service operations	3	2	1	0
(2) staffing and personnel issues	3	2	1	0
(3) staff training	3	2	1	0
(4) fiscal management	3	2	1	0
(5) evaluation of meal quality	3	2	1	0
(6) evaluation of service operations	3	2	1	0
(7) other technical assistance specify:	3	2	1	0

41. Is there anything you feel the Area Agency could do, or any change(s) it could make that would assist these operations?

42. What functions has the HHS Federal Regional Office performed with respect to this program in the past year?

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43. Do your activities as Service Director include advocating *new* services for the elderly, that is, services outside of the nutrition domain?

Yes	1
No	2

IF YES:

43a. What specifically do you do in this regard?

The final set of questions that I have deals with evaluation of the nutrition program. First, let's consider formal attempts to evaluate this operation.

44. Are there any procedures for evaluating your nutrition program?

Yes	1
No	2

IF YES:

44a. Could you describe them? (PROBE FOR WHAT WILL BE MEASURED, WHO WILL MAKE THE EVALUATION, HOW THE RESULTS WILL BE USED.)

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45. I'd like for you to think about the actual benefits of the nutrition service to _____ site participants. Some possible benefits (sample)
are listed on this card, but there may be others that are more important. (HAND CARD AND PAUSE.)

How would you rank these benefits? Which of these is the greatest actual benefit to the _____ site participants? (PAUSE) (sample)
Which would you rank as second? Third? Fourth? (and Fifth?)

FORCED CHOICE
NO TIED RANKS

RANK

(1 = greatest benefit, 5 = least benefit)

Improved nutritional status _____
Opportunity to socialize _____
Increased access to social and health services _____
Increased mobility _____
Other (specify): _____

_____

_____

_____

_____

46. If you could operate the _____ site without nutrition (sample)
service guidelines, and with about the same amount of money, would you: (CIRCLE ONE OF EACH PAIR)

46a. Serve meals 5 or fewer days per week 1
or
Serve meals 7 days per week? 2

46b. Prepare meals at the site 1
or
Buy the meals from some other organization? 2

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47. Here is a list of services some providers might offer. (HAND CARD TO RESPONDENT AND PAUSE.) Again, if you could operate the _____ (sample) site without nutrition service guidelines, which of these services would you place the most emphasis on? Which would you emphasize second? Third? Fourth?

FORCED CHOICE
NO TIED RANKS

RANK

(1 = greatest emphasis, 5 = least emphasis)

Social and recreational activities	_____
Transportation, shopping assistance, and escort services	_____
Meals	_____
Counseling, information and referral services	_____
Nutrition education	_____

48. If the budget for the _____ (sample) site allowed 500 meals per week, would you rather serve:

HAND CARD TO RESPONDENT

250 people two times per week	1
100 people five times per week, or	2
50 people *two* meals per *day*, five times per week	3

49. Do you have any additional comments to make about the nutrition services?

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Now it would be useful for us to have some personal statistics on you.

50. How long have you served as Nutrition Service Director?

ROUND TO NEAREST YEARS: [ ]

Here is a card listing responses for the last questions.

51. First, in which racial/ethnic group would you classify yourself? Just give me the number of the category.

ENTER CODE [ ]

1 Hispanic
2 American Indian or Alaskan native
3 Asian or Pacific Islander
4 Black, not of Hispanic origin
5 White, not of Hispanic origin
0 Other (specify):

52. To which age group do you belong? ENTER CODE [ ]

1 Under 30
2 30-54
3 55 or older

53. How far did you go in school? ENTER CODE [ ]

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without master's
5 Master's degree
6 Doctoral degree

54. SEX: Female 1
Male 2

That is the last of my questions. I want to thank you for your time and valuable input.

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OMB No. 0980-0123
Expires 9-30-82

OFFICE USE ONLY
Sample Area No.
I.D. No.
Log
Code

Revised 5/81

NUTRITIONIST OR DIETITIAN QUESTIONNAIRE

Respondent's Name: _____ ☐ (✓) If interviewed during First Wave

Office Location: _____

City/State: _____

Office Telephone: (___) ___-____

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

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PRELIMINARY REMARKS

(To Be Read Directly Prior to Beginning the Interview)

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This interview contains questions about the nutrition service operations and about your role in them. For your information, this study is authorized under Section 207 of the Older American Act of 1965. The results will be reported statistically; no data from any individual person, provider, or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of or all of this questionnaire.

1. Does (provider's name) pay all of your salary, part of your salary, none of your salary, or are you an unpaid volunteer?

All	1
Part	2
None	3
Volunteer	4
D.K.	5
Other (specify): _____	0

_____

2. About how many hours a week do you work for the nutrition service?

1-8 hours	1
9-16 hours	2
17-24 hours	3
25-32 hours	4
33-40 hours	5

3. What would you say is *your most* important function in the nutrition service?

Menu planning	1
Nutrition education	2
Advocacy for elderly	3
Other (specify): _____	0

_____

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4. What would you say is the *main* goal of the nutrition service?

Nutrition	1
Health	2
Social activity	3
Nutrition education	4
Other (specify): _____	0

5. In your opinion, what kinds of nutritional problems do senior citizens in this area have?

MULTIPLE RESPONSES ALLOWED

Low calorie intake	1
Vitamin and mineral deficiencies	1
Overweight	1
Special diet	1
Other (specify): _____	1

6. Do you feel the meal supplier (or meal preparation staff) is doing a very good job, a fairly good job, a somewhat poor job, or a very poor job?

Very good job	1
Fairly good job	2
Somewhat poor job	3
Very poor job	4
D.K.	9

IF LESS THAN VERY GOOD:

6a. What is (are) the problem(s)?

6b. What, if anything, is being done about this/these problems?

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7. Were you involved in the decision of which meal preparation system(s) would be used in this project?

Yes	1
No	2

8. Who plans the menus for the service?

MULTIPLE RESPONSES ALLOWED

Provider nutritionist/dietitian	1
Provider director	1
Provider council	1
Site managers	1
Caterer	1
D.K.	1
Other (specify): _____	1

_____

9. What dietary considerations are routinely taken into account in planning meals?

MULTIPLE RESPONSES ALLOWED

Individual food preferences	1
Ethnic customs	1
Religious preferences	1
Special health needs	1
Other	1

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10. Is nutrition education available to participants in this service?

Yes	1
No	2
D.K.	9

IF NO: SKIP TO Q. 14

IF YES:

10a. What kinds of activities are involved in nutrition education at this service?

MULTIPLE RESPONSES ALLOWED

Lectures	1
Provide printed materials	1
Post visual displays	1
Personal counseling	1
Group discussions	1
Workshops	1
Cooking sessions	1
Market trips	1
Games	1
Other (specify): _____	1

11. Do you personally ... READ LIST

	Yes	No
a. Give talks on nutrition	1	2
b. Plan for others to give talks on nutrition?	1	2
c. Write brochures or other educational materials for distribution?	1	2
d. Prepare displays on nutrition for the meal sites?	1	2
e. Consult personally with participants on their nutritional problems or interests?	1	2

12. Do *you* do anything else for nutrition education in the program?

Yes	1
No	2

IF YES:

12a. What else do you do?

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13. Which of the following topics are emphasized in nutrition education?

READ LIST MULTIPLE RESPONSES ALLOWED

Food purchasing	1
Food preparation (cooking, etc.)	1
Food groups	1
Nutritional intake	1
Calories--diets--overweight	1
Vitamins and minerals	1
Health	1
D.K.	1
Other (specify): _____	

14. Does this Program have any other activities or services which are aimed at promoting better nutrition among the participants?

Yes	1
No	2
D.K.	9

IF YES:

14a. What are these activities or services?

14b. Are these activities or services available at the (sample) site?

1 Yes 2 No 9 D.K.

15. Have you personally ... READ LIST

	Yes	No	
a. Received any orientation or in-service training for your work at the nutrition service?	1	2	
b. Provided training for other service provider staff?	1	2	
c. Provided orientation or training for nutrition service council members?	1	2	NA

(USE NA IF NO COUNCIL EXISTS.)

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16. Do you have any additional comments to make about the nutrition service?

17. How many years have you been in this position?

YEARS ☐

Here is a card with some response categories for the last questions. As I read each question, simply give me the category number for your response.

18. To which racial or ethnic group do you belong?

1 Hispanic
2 American Indian or Alaskan native
3 Asian or Pacific Islander
4 Black, not of Hispanic Origin
5 White, not of Hispanic Origin
0 Other (specify): _____

ENTER CODE ☐

19. To which age group do you belong?

1 Under 30
2 30-54
3 55 and over

ENTER CODE ☐

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20. How far did you go in school?

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without Master's
5 Master's degree
6 Doctoral

ENTER CODE ☐

21. SEX:

Female	1
Male	2

This concludes our interview. Thank you for your help in this research. Although your answers will be anonymous, they are very valuable to this study.

OMB No. 0980-0123
Expires 9-30-82

KIRSCHNER ASSOCIATES INC.

OFFICE USE ONLY
Sample Area No. _____
I.D. No. _____
Log _____
Code _____

Revised 5/81

ADVISORY COUNCIL MEMBER(S) QUESTIONNAIRE

Name(s) of Respondent(s): (A) _____

(B) _____

(C) _____

(A) (B) (C)

Position(s) on Advisory Council:

1 1 1 Member Only

2 2 2 Office(s) held currently: _____

3 3 3 Committee member (list committees): _____

_____

Nutrition Service Provider & Site Name: _____

_____

City/State: _____

Respondent(s) Represent(s):

1 1 1 Participants (meal site represented): _____

2 2 2 Provider Staff (specify position): _____

3 3 3 Area Agency

4 4 4 Other Agency, Organization, or Group (specify): _____

_____

Telephone (for later contact if needed):

(A)

(B)

(C)

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

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PRELIMINARY REMARKS

(To Be Read Directly Prior to Beginning the Interview)

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I have questions here about the nutrition service provider and the advisory council. I'd like you to keep in mind the fact that this is not a test. There are no right or wrong answers to the questions. All we want are your own experiences and opinions. If I ask something you don't have an opinion about, just tell me you don't know.

For your information, this study is authorized under Section 207 of the Older Americans Act of 1965. The results will be reported statistically; no data from any individual person, project, or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of or all of this questionnaire.

1. How were you chosen to be a Council member?

Elected by _____	1 1 1
Appointed by _____	2 2 2
Volunteered _____	3 3 3
Other (specify): _____	0 0 0
_____	

ONLY FOR RESPONDENTS WHO REPRESENT AGENCY OTHER THAN NUTRITION PROGRAM

2. Why did your agency/organization decide to place a representative on the Council?

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I'd like to ask you about what the Council does and what it is responsible for.

Has the Council been involved in any way with:

	Yes	No	D.K.
3a. Deciding on the amount of the contribution requested of participants for the meals?	111	222	999
3b. Planning menus, deciding what foods will be served?	111	222	999
3c. Deciding where meals would be prepared and by whom?	111	222	999
3d. Deciding on the days of the week and time of day meals are served?	111	222	999
3e. Choosing places where meals would be served?	111	222	999
3f. Planning recreation or social activities?	111	222	999
3g. Deciding what other services would be offered and how they would be offered?	111	222	999
3h. Choosing people to fill the staff jobs?	111	222	999
3i. Deciding what kinds of people would be asked to participate?	111	222	999
3j. Planning the budget for operating the nutrition service?	111	222	999
3k. Helping the provider obtain contributions (for example, funds, space, vehicles, etc.)	111	222	999
3l. Setting policy for the Council itself (for example, selection of members, tenure, meeting schedules, etc.)?	111	222	999
3m. Handling participants' complaints, grievances?	111	222	999

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4. Can you think of any other decisions in which the Council has been involved?

Yes	1	1	1
No	2	2	2

IF YES:

4a. What did these decisions concern?

(1)

(2)

(3)

5. Does the council have any way to assess (judge, rate) how well the nutrition service is operating?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF YES:

5a. How does the Council make this assessment?

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6. As far as you know, does the Council do anything to correct weaknesses in the nutrition service?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF YES:

6a. What does the Council do to correct these?

7. Do you think the Council has as much influence on the service as it should have?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF NO:

7a. In what way should it have more influence?

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8. Does the Council have any way to assess (judge, rate) itself in terms of how well it is operating?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF YES:

8a. How does the Council do this?

9. Do Council members receive any training or orientation concerning the Council's authority and responsibilities:

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF NO OR D.K.:

9b. Do you think Council members should receive such training or orientation?

IF YES:

9a. Was this training adequate, or should more training be provided?

Adequate	1	1	1
More needed	2	2	2
Don't know	9	9	9

IF MORE, EXPLAIN:

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10. About how many Council meetings have you been able to attend since you became a member? Would you say you have attended all meetings, most, about half, or less than half of the meetings?

All	All	All
Most	Most	Most
Half	Half	Half
Less than half	Less	Less

IF NOT ALL:

10a. What types of reasons keep you from attending meetings?

11. How often does the Council meet?

Once per week	1
Once every two weeks	2
Once per month	3
Once every two or three months	4
Once every four to six months	5
Once per year	6
Other (specify): _____	0
_____	
Don't know	9

12. What problems of senior citizens do you think the service provider is trying to solve?

MULTIPLE RESPONSES ALLOWED

Nutritional	1	1	1
Social, emotional	1	1	1
Lack of access to services	1	1	1
Other (specify): _____	1	1	1
_____			
_____			

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13. Do you think the service provider is having any problems carrving out its operations?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF YES: 13a. What are these problems?	FOR EACH PROBLEM: 13b. What do you think could be done to solve this problem?
(1)	(1)
(2)	(2)
(3)	(3)
(4)	(4)

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14. Can you suggest any ways to improve the nutrition service?

Yes	1	1	1
No	2	2	2
D.K.	9	9	9

IF YES:

14a. Please explain.

14b. Have you brought these matters to the attention of the Advisory Council?

Yes	1	1	1
No	2	2	2

IF YES:

14c. What happened as a result?

IF NO:

14d. Do you intend to do so:

Yes	1
No	2
Undecided	9

IF NO OR UNDECIDED:

14e. Why not?

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15. Do you have any additional comments to make about the nutrition service provider or Advisory Council?

Now it would be useful for us to have some personal statistics on you.

16. How long have you served as a member of the Advisory Council?

ROUND TO NEAREST YEARS

A [ ] B [ ] C [ ]

Here is a card listing responses for the last questions.

17. First, in which racial/ethnic group would you classify yourself? Just give me the number of the category.

Hispanic	1
American Indian or Alaskan native	2
Asian or Pacific Islander	3
Black, not of Hispanic origin	4
White, not of Hispanic origin	5
Other (specify): _____	0

_____

ENTER CODE

Person A [ ] B [ ] C [ ]

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18. To which age group do you belong?

			ENTER CODE
Under 30	1		
30-54	2		
55 or older	3	Person	A ___ B ___ C ___

19. How far did you go in school?

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without Master's
5 Master's degree
6 Doctoral degree

Person A ___ B ___ C ___

20. SEX:

Female	1	1	1
Male	2	2	2

FOR *PARTICIPANT* COUNCIL MEMBERS:

21. What is your present employment status? Are you currently:

Employed 1
Retired 2
Looking for work 3

IF EMPLOYED:

21a. What is your present job/position title?

_____

21b. How long have you held this position?

_____ Years

21c. Are you working full-time, or part-time?

Full-time 1
Part-time 2

That completes this interview. I want to thank you for talking with me about the Nutrition Program and the Advisory Council.

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OMB No. 0980-0123
Expires 9-30-82

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Sample Area No. _____
I.D. No. _____
Log _____
Code _____

Revised 5/81

SITE MANAGER QUESTIONNAIRE

Respondent's Name: _____ ☐ (✓) If Interviewed during First Wave

Respondent's Position/Title: _____

Office Location: _____

City/State: _____

Office Telephone (___) ___ - _____

Date of Interview: _____

Day of Week: _____

Time Started: _____

Time Completed: _____

Interviewer: _____

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PRELIMINARY REMARKS

(TO BE READ DIRECTLY PRIOR TO BEGINNING THE INTERVIEW)

This interview contains questions about the nutrition service operations and about your role at the _____ site. For your information, this study is authorized under Section 207 of the Older Americans Act of 1965. The results will be reported statistically; no data from any individual person, provider or state will be identified in the report. Your participation in the study is strictly voluntary, and you are free to refuse to answer any part of or all of this questionnaire.

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1. Are you a paid staff member, a volunteer, or are you associated with the service provider ("Project") in some other capacity?

Provider Staff	1
Volunteer	2
Other (Specify):	0

IF VOLUNTEER, OR OTHER:

1a. Are you a staff member or an official of some other agency, organization or firm?

Yes	1
No	2

IF YES:

1b. What is the name of the organization?

1c. What position do you hold there?

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2. Are your responsibilities restricted to one meal site, or do you work with more than one site?

One	1
More than one	2

IF MORE THAN ONE:

2a. How many sites do you work with? [ ]

3. At this meal site, which of the following services or activities are available, in addition to the congregate meal?

READ LIST; MULTIPLE RESPONSES ALLOWED

	IF AVAILABLE, CIRCLE QUESTIONNAIRE SECTION NO.
• Planning, purchasing, cooking, or delivering meals to the site?	Sec. 1 P. 4
• Providing transportation?	Sec. 2 P. 6
• Escort Service? (Assistance in getting dressed and going places such as to the doctor.)	Sec. 3 P. 8
• Shopping Assistance?	Sec. 4 P. 9
• Outreach? (Publicizing the service, contacting potential enrollees, and so on.)	Sec. 5 P. 11
• Nutrition Education?	Sec. 6 P. 14
• Recreation?	Sec. 7, P. 15
• Making participants feel at home at the meal site?	Sec. 8 P. 18
• Counseling on personal problems?	Sec. 9 P. 19
• Information and referral?	Sec. 10 P. 21
All site managers	Sec. 11 P. 23

INTERVIEWER:

RECORD SECTION NUMBERS TO BE ASKED OF RESPONDENT:

ASK SECTION 11 (P.23) OF ALL SITE MANAGERS

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MEAL SERVICES

SECTION 1

The next questions involve the actual service of meals at the site.

4. What are your specific responsibilities with respect to the meals? Do you:

READ LIST; MULTIPLE RESPONSES ALLOWED

Plan meals	1
Purchase food	1
Cook the food (or supervise cooking)	1
Order meals from contractor	1
Deliver meals to the site	1
Supervise volunteers in setting up tables, clean up, etc.	1
Check to see that food is properly prepared, in the correct quantities, temperature, etc.	1
Arrange for special diets	1
Serve meals	1
Other (Specify):	1

5a. What is done at the site to insure that foods do not lose flavor or spoil during the serving process?

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5b. What is done to insure that food is served under sanitary conditions?

5c. What is done to insure that each participant receives the right amount of each food served?

6. Based on your experience at the site, do you feel the meal preparation arrangements were a very good choice, a fairly good choice, or not so good for this site?

Very good	1
Fairly good	2
Not so good	3

IF FAIRLY GOOD OR NOT SO GOOD:

6a. What is the problem with the meal preparation arrangements?

END OF SECTION 1

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TRANSPORTATION

SECTION 2

My next questions concern transportation of elderly participants.

7. For what occasions or destinations is transportation available?

READ LIST; MULTIPLE RESPONSES ALLOWED

Meal service	1
Personal health care	1
Grocery shopping	1
Recreation activities	1
Advisory Council meetings	1
Other (specify):	1

8. When is transportation to meals available? (During what hours and days?)

8a. What must a participant do to obtain transportation to meals?

9. What type of vehicles are used?

INDICATE MAJOR CATEGORY

Automobiles	1
Vans, buses	2
Both autos and vans	3
Other (Specify)	4

9a. To whom do the vehicles belong?

INDICATE MAJOR CATEGORY

Staff members	1
Volunteers	2
Provider	3
Other agency	4
Government Unit	5
Other	6

SPECIFY:

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SECTION 2

9b. Are the ~~vehicles~~ specially equipped for handicapped participants?

Yes	1
No	2

10. Can you think of any ways the transportation services could be improved?

Yes	1
No	2

EXPLAIN:

END OF SECTION 2

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ESCORT

SECTION 3

You indicated earlier that this site provides escort services.

11. How do escort services differ from simple transportation?

12. For what occasions and destinations are escort services available?

Are escorts available for:

MULTIPLE RESPONSES ALLOWED

Meal services?	1
Other program activities?	1
Personal necessities?	1
Other activities, destinations (Specify)?	1

_____

_____

13. Can you think of any way to improve the escort services?

Yes 1

No 2

EXPLAIN:

END OF SECTION 3

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SHOPPING ASSISTANCE

SECTION 4

Now let's talk about the shopping assistance available here.

14. What services make up shopping assistance? For example, does it include transportation, carrying packages, selecting foods? Does it include only grocery shopping or other kinds of shopping also?

MULTIPLE RESPONSES ALLOWED

Transportation	1
Carrying packages	1
Selecting foods	1
Shopping for items other than food	1
Other services (specify):	1

_____

_____

15. Is the shopping assistance service available on a regularly scheduled basis?

Yes	1
No	2
D.K.	9

IF NO:

15a. When is it available?

By special request	1
Other (Specify):	2

IF YES:

15b. How often?

More than once per week	1
Once per week	2
Once every two weeks	3
Less often	4
Don't know schedule	9

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SECTION 4

16. Can *any* participant use the shopping assistance service?

Yes	1
No	2
D.K.	9

IF NO:

16a. Under what conditions is the service available?

MULTIPLE RESPONSES ALLOWED

Physical handicap	1
Very elderly	1
Geographic barriers	1
Other (specify):	1

17. Can each participant select the stores when he/she uses shopping assistance services?

Yes	1
No	2
D.K.	9

IF NO:

17a. How are the stores selected?

One participant chooses	1
Group vote	2
Rotation of stores	3
Staff member decides	4
Other (specify):	5

18. Can you think of any ways to improve the shopping assistance services?

END OF SECTION 4

11.
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OUTREACH

SECTION 5

I'd like to ask you next about outreach--your attempts to attract new participants to the program.

19. What methods have been used in the past month to reach potential new participants?

READ LIST; MULTIPLE RESPONSES ALLOWED

- Door to door canvassing 1
- Posters in neighborhood 1
- TV or radio 1
- Newspapers or newsletters 1
- Senior citizens clubs 1
- Churches/synagogues 1
- Referrals from outside agencies 1
- Other (specify): 1

_____

_____

20. Is there any special emphasis on recruiting people with certain characteristics or problems (such as health status, income level, or place of residence?)

Yes 1
No 2
D.K. 9

IF YES:

20a. What characteristics or problems are emphasized?

MULTIPLE RESPONSES ALLOWED

Low income 1
Physical handicap 1
Very elderly 1
Ethnic minority 1
Other (specify): 1

20b. What is done at the site to reach these people and get them involved?

Telephone contact 1
Home visit 1
Other (specify): 1

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SECTION 5

21. In your opinion, have you been able to recruit people who need the program most?

Yes	1
No	2
D.K.	9

IF NO:

21a. What groups who need the program are not being recruited?

21b. What do you think could be done to reach these people?

22. Does this site ever provide any special, personal services to enable people to participate and attend meals? (For example, help in obtaining clothing, dentures, or wheelchairs?)

Yes	1
No	2
D.K.	9

IF YES:

22a. What special services are provided?	22b. What resources are used to provide these?

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SECTION 5

23. What is done at this site, if anything, to keep from encouraging other elderly--who don't have the special needs you mentioned?

No policy, everyone is treated the same	1
Non-priority elderly are not recruited, but are welcome	1
Non-priority participants:	
• Are asked to contribute more for their meals	1
• Are limited to fewer meals/week than priority participants	1
• Are served last at each meal	1
Other policy (specify):	1
_____	
_____	
D.K.	1

24. Can you think of anything that could be done to improve the outreach efforts?

Yes 1
No 2

EXPLAIN:

END OF SECTION 5

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NUTRITION EDUCATION

SECTION 6

25. What is emphasized in the nutrition education?

MULTIPLE RESPONSES ALLOWED

Nutritional values of foods	1
Importance of nutrition	1
Balancing meals	1
Meal preparation	1
Food purchasing	1
Other (specify)	1

26. When is nutrition education provided? (During what hours, and on which days?)

Summary:	Daily	1
	Weekly	2
	Monthly	3
	Less often	4

27. Can you think of any ways to improve the nutrition education activities?

Yes	1
No	2

EXPLAIN:

END OF SECTION 6

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RECREATION

SECTION 7

28. What kinds of recreation or social events were held for your site participants in the last month?

MULTIPLE RESPONSES ALLOWED

Card games	1
Parties or dances	1
Field trips	1
Arts and crafts	1
Exercise classes	1
Other (specify)	1

28a. About how often is some type of recreation scheduled for your site participants?

Daily	1
Several times a week	2
Weekly	3
2-3 times a month	4
Monthly	5
Less than monthly	6

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SECTION 7

29. Does this site have a place participants can go for spare-time activities (activities other than the meal)?

Yes	1
No	2
D.K.	9

IF YES:

29a. Where is the place located?

Meal site	1
Provider office	2
Other (specify):	3

_____

_____

29b. When is the recreation facility open to site participants?

Days of the week _____

Hours _____

Summary: Days per week ☐

Hours per week ☐

29c. What types of activities are available there for participants?

MULTIPLE RESPONSES ALLOWED

Arts/crafts	1
Music/dancing	1
Games	1
Educational classes	1
Other (specify)	1

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30. Can you think of any ways to improve the social and recreational program for your participants?

Yes 1
No 2

IF YES:

30a. How could the service be improved?

END OF SECTION 7

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PARTICIPANT INTERACTION

SECTION 8

31. When participants first enroll in the program, what is done to make them feel at home?

MULTIPLE RESPONSES ALLOWED

Staff talks to them	1
Introductions to other participants	1
Welcome committee made up of participants	1
Other (specify)	1

_____

_____

32. What, if any, methods have been used to encourage conversation and other interaction among participants when they come to the meal site?

MULTIPLE RESPONSES ALLOWED

Welcoming committee	1
Ice-breaker activity (song, game)	1
Other (specify)	1

_____

_____

33. What do you think could be done to increase participants' enjoyment of the meal site?

END OF SECTION 8

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COUNSELING

SECTION 9

34. What type of counseling is provided?

34a. Where are participants counseled? (For instance, do you use a private office for counseling, do you counsel them in their homes, address them in groups at meals or other gatherings?)

MULTIPLE RESPONSES ALLOWED

Private office	1
Office shared with other nutrition service staff	1
Homes	1
Meals, meetings, other gatherings	1
Telephone	1
Casual, nonprivate encounters	1
Other (specify):	

_____

_____

34b. Who provides this counseling?
(LIST POSITION, NOT NAMES)

35. When is counseling available to participants?

Days of the week _____

Hours _____

Summary: Days per week [ ]

Hours per week [ ]

35a. Can participants call outside of these hours if they need to?

Yes	1
No	2

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SECTION 9

36. Can you think of ways the counseling services could be improved?

Yes	1
No	2

IF YES:

36a. How could the service be improved?

END OF SECTION 9

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INFORMATION & REFERRAL

SECTION 10

37. How is information provided to participants about benefits and services they might use? For instance, is it:

READ LISTS; MULTIPLE RESPONSES ALLOWED

Provided when participants request it	1
Announced by nutrition staff at meals, or other gatherings?	1
Distributed through written materials?	1
Provided by speakers from outside the nutrition service?	1
Other (specify):	1

_____

_____

38. For what types of benefits or services is information provided? For example, is information provided about:

Food stamps, commodities	1
Social Security	1
Health care financing (Medicare, insurance)	1
Housing	1
Legal services, consumer protection	1
Public assistance (welfare)	1
Health care	1
Other (specify):	1

_____

_____

39. When a participant needs assistance, does the nutrition program refer him directly to a service agency, or to an information and referral service?

To service agency	1
To other I & R	1
Other action (specify):	1

_____

_____

D.K.	1

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SECTION 10

40. When a referral is made, do you or another nutrition service staff member usually, sometimes, or never:

	CIRCLE APPROPRIATE NUMBER		
	Usually	Sometimes	Never
40a. Make an appointment for the participant or notify the other agency to expect him?	1	2	3
40b. Accompany participants to the other agency to insure they are served appropriately?	1	2	3
40c. Provide or arrange for transportation for the participant to the agency?	1	2	3
40d. Follow-up on the referral to see that the participant was served by the other agency?	1	2	3

41. Can you think of any ways the information and referral services could be improved for the participants?

Yes 1
No 2

EXPLAIN:

END OF SECTION 10

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FOR ALL SITE MANAGERS

SECTION 11

42. What is the *meal service* schedule at this site?

Time of day: From _____ to _____

Days of the week _____

Summary: 42a. Number days per week [ ]

42b. Number hours per week [ ]

42c. Can each participant attend every day the site is open, or is there a limitation on the number of days a participant can attend each week?

Can attend every day	1
Attendance limited	2

IF LIMITED:

42d. How many days per week can each participant attend? [ ]

42e. Why is attendance limited?

43. Is there anything about this schedule that is inconvenient, either for the participants or the staff?

Yes	1
No	2
D.K.	9

IF YES:

43a. What?

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SECTION 11

44. Are home delivered meals available through the site?

Yes	1
No (Skip to Q. 46)	2

IF YES:

44a. How does a participant go about arranging for home-delivered meals?

IF HOME DELIVERY AVAILABLE:

45. Do any participants at the site use *both* the home delivery service and the congregate meal service on a regular basis (i.e., do any participants "go back and forth" between eating at the site and using the home delivery service)?

Yes	1
No	2
D.K.	9

IF YES:

45a. About how many participants use both services regularly? ☐

45b. What are their reasons for using both services?

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SECTION 11

46. Do participants at the site pay for their meals, or make a contribution?

Pay	1
Donate	2
Free Meal (Skip. to Q. 50)	3

IF PAY OR DONATE:

46a. What is the suggested contribution or charge for the meals?

_____ (amount/meal)	1
No set amount suggested (Go to Q. 47, below)	2
Other (specify): _____ _____ (Go to Q. 47, below)	3
D.K. (Go to Q. 47, below)	9

46b. What is the policy of this site concerning participants who are unable to pay/contribute this amount?

Encourage any amount	1
Obtain meal free	2
Cannot obtain meal	3
Other (specify) _____	0

46c. Who determines the amount that is suggested?

Advisory council	1
Provider staff	2
Other (specify) _____	0

46d. Would you say that all, most, about half, less than half or none of the participants pay this amount on a regular basis?

All	1
Most	2
About half	3
Less than half	4
None	5

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SECTION 11

(CONTRIBUTIONS:)

47. For those participants who are able to contribute, what is the procedure for collecting the contributions?

When entering meal site for each meal by dropping money in box	1
When entering meal site for each meal by handing money to program staff.	2
At meal site with food stamps	3
Paid in advance at meal site	4
Paid in advance through purchase of a meal ticket	5
Money envelopes at dining tables	6
Paid in advance by other method (explain):	7
Charged and paid for later (explain procedure):	8
Other (explain):	0

_____

48. What is the process for handling contributions once they are collected? For instance, is the money turned over to the Service Director, do you personally deposit it in the bank, is it kept here and used for site activities, or something else?

Turned over to director	1
Personally deposit	2
Kept here	3
Other (specify)_____	0

_____

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SECTION 11

49. Has this site had any problems with the arrangements for meal contributions?

Yes	1
No	2
D.K.	9

IF YES:

49a. What problems?

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SECTION 11

50. Does this site serve modified meals to participants who have medical or other health-related dietary requirements?

Yes	1
No	2

IF NO:

50a. If a participant *requested* a modified meal for health reasons, could you provide it at this site?

Yes	1
No	2

IF YES:

50b. What kinds of special medical diet meals can be served here?

MULTIPLE RESPONSES ALLOWED

Low salt	1
Low cholesterol	1
Low calorie	1
Low sugar	1
Bland	1
Vegetarian	1
No vegetables	1
Other (specify):	1

_____

_____

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KIRSCHNER ASSOCIATES INC.

SECTION 11

51. Are any meals planned routinely to appeal especially to certain *ethnic, religious,* or *cultural* groups?

Yes	1
No	2

IF NO:

51a. If a participant wanted a special diet for religious or cultural reasons, could he receive it?

Yes	1
No	2

IF YES:

51b. What special religious and cultural preferences are accommodated:

MULTIPLE RESPONSES ALLOWED

Kosher/Jewish	1
Other religious	1
Hispanic	1
Oriental	1
Other (specify):	1

_____

_____

52. How do you determine the number of meals needed at the site each day?

Participants make reservations	1
Estimates made based on prior attendance rates	2
Determined by site capacity	3
Other Method (specify):	0

_____

_____

D.K.--someone else determines (specify who:)	9

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SECTION 11

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53. Has the site ever run out of food before all participants were served?

Yes	1
No	2
D.K.	9

IF YES:

53a. What would you say was the reason for this?

53b. About how often has this occurred?

Daily	1
Several times/week	2
Weekly	3
Monthly	4
Other (specify):	0

_____

_____

53c. On the average, about how many participants were unable to be served each time?

[ ]

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SECTION 11

54. Have there ever been times when the seating capacity was filled and therefore some participants could not be served?

Yes	1
No	2
D.K.	9

IF YES:

54a. About how often has this occurred?

Daily	1
Several times/week	2
Weekly	3
Monthly	4
Other (specify):	0

_____

_____

54b. Approximately how many participants on the average were turned away each time the site was filled? [ ]

55. Approximately how many hours each *week* are spent on recruitment activities for this site? (Be sure to include any time that may be spent by central project staff, volunteers, and yourself in recruiting participants.)

Average week total hours all workers: [ ]

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SECTION 11

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56. If a participant fails to attend meals regularly, is anything done to persuade or to help the participant come more often?

Yes	1
No	2

IF YES:

56a. What is done in these cases?

57. Does this *site* have its *own* advisory council?

Yes	1
No	2
D.K.	9

IF YES:

57a. How many participants serve on the Council?

57b. How are they selected?

All elected	1
All appointed	2
Combination	3
D.K.	9

57c. Is there anyone other than participants on the Council? If so, who? (What agencies, constituencies do they represent?)

Yes	1
No	2

(continued on next page)

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SECTION 11

57d. What functions and responsibilities does the site council have?

58a. Now, could you tell me how many *paid* staff members you have at this site, and what their positions are?

Number [ ]

Position

58b. How many volunteers work at this site?

Number [ ]

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FOR OFFICE USE ONLY

SECTION 11

58c. Do any participants do volunteer work for the nutrition program?

Yes	1
No	2

IF YES:

58d. What types of volunteer work do they do?

MULTIPLE RESPONSES ALLOWED

Prepare/Cook meals	1
Serve meals	1
Clean-up	1
Collect contributions	1
Visitation/outreach	1
Transport participants	1
Deliver meals to homes	1
Office work	1
Lead recreation/social activities	1

58e. Are there any volunteers who are not participants?

Yes	1
No	2

IF YES:

58f. What types of work do they do?

MULTIPLE RESPONSES ALLOWED

Prepare/Cook meals	1
Serve meals	1
Clean-up	1
Collect Contributions	1
Visitation/outreach	1
Transport participants	1
Deliver meals to home	1
Office work	1
Lead recreation/social activities	1

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SECTION 11

59. Is there anything that the Central Provider Staff could do to improve the program at this site?

Yes	1
No	2
D.K.	9

IF YES:

59a. What could they do?

60. I'd like for you to think about the *actual* nutrition service benefits to participants at this site. Some possible benefits are listed on this card, but there may be others that are more important. (HAND CARD TO RESPONDENT AND PAUSE.)

How would you rank these benefits? (PAUSE) Which of them is the greatest actual benefit? Which of these would you rank as second, and so on?

FORCED CHOICE, NO TIED RANKS

RANK

(1 = greatest benefit, 5 = least benefit)

- Improved nutritional status ____
- Opportunity to socialize ____
- Increased access to social and health services ____
- Increased mobility ____
- Other (specify): ____

_____

_____

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SECTION 11

61. If you could operate this meal site without nutrition service guidelines, and with *about* the same amount of money, would you

CIRCLE ONE OF EACH PAIR:

61a. Serve meals 5 or fewer days per week 1

or

Serve meals 7 days per week 2

61b. Prepare your own meals 1

or

Buy your meals from some other organization? 2

62. Here is a list of nutrition services. (HAND CARD TO RESPONDENT AND PAUSE.) Again, if you could operate this site without nutrition service guidelines, how would you rank these services in terms of the amount of emphasis you would place on each service? Which service would you place the most emphasis on? Which service would rank second, and so on?

FORCED CHOICE, NO TIED RANKS

RANK

(1 = greatest emphasis, 5 = least emphasis)

- Social and recreational activities ____
- Transportation, shopping assistance, and escort services ____
- Meals ____
- Counseling, information and referral services ____
- Nutrition education ____

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FOR OFFICE USE ONLY

SECTION 11

63. If the budget for this meal site allowed 500 meals per week, would you rather serve:

HAND CARD TO RESPONDENT

250 people two times per week	1
100 people five times per week, or	2
50 people *two* meals per *day*, five times per week.	3

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FOR OFFIC
USE ONLY

SECTION 11

64. During the past two years have you attended any training sessions for your work with the nutrition services?

Yes	1
No	2

64a. Are there any areas where you would like to receive training?

Yes	1
No	2

IF YES: What area(s)?

Now it would be useful for us to have some personal statistics on you.

65. How many years have you been in this position?

Years ☐

Here is a card with some response categories for the last questions. As I read each question, simply give me the category number for your response.

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SECTION 11

66. To which racial or ethnic group do you belong?

ENTER CODE ☐

1 Hispanic
2 American Indian or Alaskan native
3 Asian or Pacific Islander
4 Black, not of Hispanic Origin
5 White, not of Hispanic Origin
0 Other (specify): _____

_____

67. To which age group do you belong?

ENTER CODE ☐

1 Under 30
2 30-54
3 55 and over

68. How far did you go in school?

ENTER CODE ☐

1 Completed high school
2 Some college
3 Bachelor's degree
4 Graduate work without Master's
5 Master's degree
6 Doctoral degree

69. Sex: Female 1
Male 2

70. Do you have any additional comments to make about the nutrition services?

This concludes our interview. Thank you for your help in this research. Although your answers will be anonymous, they are very valuable to this study.

KIRSCHNER ASSOCIATES INC.

OFFICE USE ONLY:
Sample Area No. _____
I.D. No. _____
Log _____
Code _____

Rev. 5/81

OMB No. 0980-0123
Expires 9-30-82

DATA COLLECTION FORM
for Data from Records and Observations
Evaluation of National Nutrition Services for the Elderly

Sample Provider Name: _____

_____

Location: _____

Sample Site: _____

Dates of Data Collection and Observation:

From: _____ To: _____

Field Evaluator(s): _____

_____

_____

_____

INTRODUCTION

CONTENT AND OVERVIEW OF DATA COLLECTION FORM

This Data Collection Form is to be used for recording information from sources other than interview respondents. Such other sources include provider and site records; monthly and quarterly reports; and the nutrition grant and grant application. Another important source of information will be your own observations of provider activities as well as judgments you make on the basis of information from all sources. Thus, the form solicits both objective and subjective information.

To facilitate your use of the Data Collection Form, the form is organized into several sections. These sections are organized, for the most part, according to subject matter. Each section contains an introduction covering suggested procedures and data sources.

Section I is designed for recording statistics on participant and staff characteristics, and participant attendance. The principal sources of information requested in Section I will be the participant intake records, personnel records, and attendance forms.

Section II requests information on target area and service scope, budget data, and service outputs (i.e., meals and other services). Information sources for Section II are the Grant Application, Notification of Grant Award, and other provider records.

Provider Council Activities are to be recorded in Section III, using the Council minutes as a principal source.

Section IV focuses on meal services. To complete Section IV, three site visits must be made at meal times, and data obtained by observation.

Section V, also based principally on your observations, concerns the meal site environment and meal site facility.

The remaining two sections are provided for recording your overall judgments of some aspects of activities and services (Section VI) and assessments of nutrition service administration (Section VII).

PROJECT/SITE RECORDS

Since no uniform forms or procedures are required for gathering and recording data at all providers and sites, we cannot offer much guidance on the nature and location of data sources. Currently, information about each provider is channeled to its state agency on aging, which prepares a State Quarterly Progress Report.[1] Individual providers, area agencies on aging, and states may use various techniques and forms for collecting the data required by this report. We therefore anticipate that the type and availability of data will vary from provider to provider and state to state.

In view of this situation, completion of the Data Collection Form will involve both collecting the required data items and exploring the system of how the data are gathered, estimated, and tabulated by the provider for submission to the state agency on aging. Most of the data required for the following Data Collection Form should be relatively readily available. However, many data items may require a fair amount of searching, and some data items may not be available at all. Since we do not know the exact situation that now exists at *any* of the providers in the sample, please account for *each* data item required in this Data Collection Form, and, wherever it seems useful, please obtain copies of forms that are used and note on them how they are used.

---

[1]The State Quarterly Progress Report includes data listed on page 3.

Data Items Frequently Included in State Reports

- Number people employed as of last working day of quarter, and number who are over 60, minority, or female.
- Number person-days worked during quarter.
- Number volunteers, total, minority, and older (60+).
- Funds and resources spent from local, state, and federal levels.
- Number staff, advisory council members and volunteers receiving training, by subject of training.
- Number meal sites by type of facility, and days of meal service per week.
- Number meals served in fiscal year to date; total meals, by meal production arrangement (catered or site prepared), and by congregate or home-delivered.
- Dollar value of USDA commodities and cash received by service provider, fiscal year to date.
- Number participants served byprovider, fiscal year to date; total, low-income, and minority.

I

PARTICIPANT AND STAFF CHARACTERISTICS

SOURCE: Provider and Provider/Site Records

For each information item indicated in Section I, a possible record or type of source document is referenced. For some information items we have referenced more than one possible source. In these cases, use any one of the sources or a combination of them, based on your judgment as to their availability, expedience, condition, etc. Indicate source(s) used in the space provided. If you discover that a source we have referenced is not being used by the provider, try to obtain the information by proceeding as follows:

1. Determine if the information can be obtained from another type of record maintained by the provider. If so, record the information in the appropriate space on the Data Collection Form; indicate the source (e.g., name of document or form); and obtain a sample (unused) copy of the form.

2. If you find that an information item is not obtainable from any source, make a note of this fact in the space provided for recording the sources.

You will notice that in most instances we are requesting data *for the sample site*.

A. PARTICIPANT CHARACTERISTICS

1a. How are participant characteristics determined at intake?

1 Personal interview of participant with responses recorded on form by staff member

2 Questionnaire, self-administered

0 Other (Describe)_____

_____

_____

1b. Which, if any, of the following items are recorded for each participant.

	Asked of Participants	Obtained Indirectly
Income		
Age		
Race/ethnicity		
Marital status		

1c. Are any other participant data collected on a group (anonymous) basis? (For example, are characteristics such as those in 1b., above, put on cards or forms without participants' names?)

1 YES 2 NO

IF YES: Explain

2. Sex distribution of participants - most recent quarter

	No. at Sample Site	No. in Entire "Project"
Male	_____	_____
Female	_____	_____

SUGGESTED SOURCES: Individual Attendance and Participation Forms or Participant Intake Forms

SOURCES USED: _____

3. Racial/Ethnic distribution of Participants - most recent Quarter.

	No. at Sample Site	No. in Entire "Project"
Hispanic		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Black, Not of Hispanic Origin		
Other Minority (Specify):		
_____		
_____		
Non-minority		
TOTALS		

SUGGESTED SOURCES: Participant Intake Forms or Individual Attendance and Participation Forms; Provider Records

SOURCES USED: _____

4. Number of participants terminated* in past 3 months, by reasons for termination:

	No. at Sample Site
Moved	
Institutionalized	
Deceased	
Dropped out voluntarily, for reasons other than moving	
Other (Specify):	
_____	
_____	

*Include only those who have formally or permanently left the site. Persons who are still listed as participants but have not attended any meals for three months will be counted in Question B2a.

SUGGESTED SOURCES: Participant Intake Forms and Attendance Records

SOURCES USED: _____

B. LEVEL OF PARTICIPATION (PARTICIPANT ATTENDANCE)

1. Method of recording attendance at meal site

1 Staff member records each person's attendance on attendance form

2 Participants enter their attendance on attendance form

3 Participants sign in on list

4 No process for recording attendance of individual participants

0 Other (explain): _____

_____

_____

2. Participant meal attendance rate

2a. Number of participants attending indicated number of meals during most recent Quarter

	No. at Sample Site
0 meals	_____
1-15 meals	_____
16-30 meals	_____
31-45 meals	_____
46+ meals	_____

SUGGESTED SOURCES: Individual Attendance and Participation Form; Provider Records

SOURCES USED: _____

2b. Number of days on which meals were served at sample site during most recent quarter _____.

2c. Attendance by *interview sample* participants *prior to date of interview*. For each *sample*[1] participant, determine from attendance records, the dates of their attendance during the last calendar month, and record on the following pages.

[1]The ORC Interviewer Supervisor will provide the lists of participants in the interview samples.

SUGGESTED SOURCES:	Individual Attendance and Participation Form; Provider Records
SOURCES USED:	_____

PARTICIPANT NAMES[1]	WAVE I [1]	MEALS ATTENDED DURING LAST CALENDAR MONTH (INDICATE DATES ATTENDED WITH X)																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

C. STAFF AND VOLUNTEER CHARACTERISTICS

1. Racial/ethnic composition of paid staff

	No. at Sample Site	No. in Entire "Project"
Hispanic		
American Indian or Alaskan Native		
Asian or Pacific Islander		
Black, not of Hispanic origin		
Other Minority (specify):		
_____		
_____		
_____		
Non-Minority		

SUGGESTED SOURCES: Personnel records, observation, or questions of supervisory personnel.

SOURCE USED: _____

2. Ages of paid staff members

	No. at Sample Site	No. in Entire "Project"
Under 30		
30-54		
55 & over		

SUGGESTED SOURCES: Personnel records

SOURCE USED: _____

3. Sex of paid staff members

	No. at Sample Site	No. in Entire "Project"
Male	_____	_____
Female	_____	_____

SUGGESTED SOURCES: Personnel records.

SOURCE USED: _____

4. Racial/ethnic composition of volunteers

	No. at Sample Site
Hispanic	_____
American Indian or Alaskan native	_____
Asian or Pacific Islander	_____
Black, not of Hispanic origin	_____
Other Minority (specify):	_____
_____	_____
_____	_____
_____	_____
_____	_____
Non-minority	_____

SUGGESTED SOURCES: Personnel records, observations, or supervisory personnel.

SOURCE USED: _____

5. Ages of volunteers

	No. at Sample Site
Under 30	_____
30-54	_____
55 & over	_____

SUGGESTED SOURCES: Personnel records.

SOURCE USED: _____

6. Sex of volunteers

	No. at Sample Site
Male	_____
Female	_____

SUGGESTED SOURCES: Personnel records, observation, or supervisory personnel.

SOURCE USED: _____

II

NUTRITION SERVICE DESIGN, BUDGET, AND OUTPUTS

SOURCES: Grant Application
Accounting Records
Other Provider Records
Provider Staff

A. SERVICE DESIGN

1. Geographic area covered by the sample site (in square miles).

_____Square Miles

2. Sample Site Service Area

2a. Record Census Tracts, County Census Divisions, or block numbers included in area served by the sample site

or

2b. Sketch a map which identifies the boundaries of the *sample site* service area.

B. PROVIDER BUDGET -- INCOME

SUGGESTED SOURCES: Grant Application, Balance Sheet, Service Provider

SOURCE USED: _____

1a. Total Annual Income: $_____

☐ Does ☐ Does not include value of donations

☐ Does ☐ Does not include value of volunteer labor

1b. Amount of Annual Title III Grant:

III-b (non-meals) $_____

III-c-1 (congregate meals) $_____

III-c-2 (home-delivered meals) $_____

TOTAL Title III $_____

1c. Anticipated Annual Income from Sources other than Title III Grant:

non-meal services $_____

congregate meals $_____

home-delivered meals $_____

TOTAL Other $_____

1d. Sources of non-Title III Income:

non-meal services	congregate meals	home-delivered meals
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are donated facilities or volunteer labor used to help provide (check where "yes"):

	DONATIONS	VOLUNTEERED LABOR
non-meal services	☐	☐
congregate meals	☐	☐
home-delivered meals	☐	☐

3. Relationship with USDA programs:

(1) Is provider authorized to accept food stamps for congregate meals? 1 Yes 2 No

(2) For home-delivered meals? 1 Yes 2 No

(3) Is provider certified to distribute food stamps? 1 Yes 2 No

(4) To distribute commodity foods? 1 Yes 2 No

(5) Does provider accept USDA commodities? 1 Yes 2 No

(6) Does provider receive cash in lieu of USDA commodities? 1 Yes 2 No

4. Meal fees from participants

4a. Does the provider have a fixed fee for meals?

1 Yes, fixed fee for everyone

2 Yes, but waived occasionally

3 No, provider has *variable* fee

4 No, provider has no fee prescribed at all; no contribution amount is suggested to participants

0 Other (explain):

IF PROVIDER HAS FIXED FEE (Options 1 or 2, above):

How much is the fee per meal? _____

IF FEE VARIES (Option 3, above):

FROM _____ TO _____

4b. How are meal fees/contributions paid by participants?

CHOOSE MOST APPROPRIATE

1 When entering meal site for each meal by dropping money in box

2 When entering meal site for each meal by handing money to staff

3 At meal site with food stamps

4 Paid in advance at meal site

5 Paid in advance through purchase of a meal ticket

6 Money envelopes at dining tables

7 Paid in advance by other method (explain):

8 Charged and paid for later (explain procedure):

0 Other (explain):

4c. Is the contribution done privately/anonymously (i.e., in such a way that no one knows how much a person contributes)?

1 Yes
2 No
0 Other (explain):

4d. What is the actual average per-meal contribution made for meals? _____ (Period: _____)

SUGGESTED SOURCE: Observation of meal site and discussion with staff.

SOURCE USED: _____

5. Meal fees from staff and volunteers

5a. Do staff and volunteers pay for their meals?

1 Yes, both staff and volunteers pay
2 Yes, staff members pay
3 Yes, volunteers pay
4 No
5 No, staff and volunteers do not eat meals at the site
0 Other (explain):

IF STAFF AND/OR VOLUNTEERS PAY (Options 1, 2, or 3 above)

5b. How much do they pay for each meal?

1 Same fee as participants
2 Different set amount (specify): _____
3 No set amount
4 Other (explain):

5c. How are meal fees paid by staff and/or volunteers?

(INDICATE MAJOR PROCEDURE)

1 When entering meal site for each meal by dropping money in box

2 When entering meal site for each meal by handing money to staff

3 At meal site with food stamps

4 Paid in advance at meal site

5 Paid in advance through purchase of a meal ticket

6 Money envelopes at tables

7 Paid in advance by other methods (explain):

8 Charged and paid for later (explain procedure):

0 Other (explain):

SUGGESTED SOURCE: Observation at meal site and discussion with staff.

SOURCE USED: _____

C. SERVICE OUTPUTS (most recent quarter)

	Sample Site	Entire "Project"
1. Total meals prepared or purchased	_____	_____
1a. Congregate	_____	_____
1b. Home-delivered	_____	_____

SUGGESTED SOURCES: Provider Records; Work Sheet for Tabulating Number of Meals Served.

SOURCES USED: _____

_____

_____

	Sample Site	Entire "Project"
2. Number of meals prepared but not consumed	_____	_____

SUGGESTED SOURCES: Worksheets or inquire of appropriate staff

SOURCES USED: _____

_____

How are these numbers obtained or estimated? _____

_____

_____

	Sample Site	Entire "Project"
3. Number of Eligible Persons unable to be served	_____	_____

SUGGESTED SOURCES: Provider or Site Records or appropriate staff

SOURCES USED: _____

_____

How are these numbers obtained or estimated? _____

_____

_____

4. Units of service provided, in the following service categories *at the sample site:*

	Units of Service (Events x participants)
4a. Transportation	_____
4b. Outreach	_____
4c. Escort	_____
4d. Information and referral	_____
4e. Counseling	_____
4f. Shopping Assistance	_____
4g. Nutrition education	_____
4h. Recreation	_____

SUGGESTED SOURCES: Appropriate staff or records; contractors

SOURCES USED: _____

_____

_____

5. In your opinion, does the provider appear to have any problems with respect to:

5a. The accuracy of its records?

5b. The efficiency of the recordkeeping system?

5c. Other aspects of the records or the recordkeeping system?

6. Please describe any problems you had in collecting data on participants and staff or outputs.

III

NUTRITION SERVICE COUNCIL ACTIVITY

SOURCES: Council Minutes
Observation at Council Meetings
(If no Advisory Council exists, check here _, and skip to Section IV.)

A. Date of most recent council meeting: _____

B. Number of meetings held during last 12 months: _____

C. Typical meeting frequency: _____

D. Total number of members: _____

(1) No. of participant representatives: _____
(2) No. of community agency representatives: _____
(3) No. of provider staff representatives: _____
(4) No. of "others": _____

E. Number of participant members attending *last* meeting: _____

F. Number of community representative members attending *last* meeting: _____

G. Number of other persons at *last* meeting:

Staff _____ (List positions below)

Guests _____ (List below the organizations the guests represent)

(USE BACK OF PAGE FOR MORE SPACE)

H. Based on all of your observations, do you feel that the Advisory Council takes an active part in planning and running the nutrition services?

1 Yes, it is involved in and participates in making the major decisions about running the program.

2 Yes, Council is consulted but rarely participates in making major decisions about the program.

3 No, Council contributes very little to the operation of the program.

0 Other (explain):

I. Additional comments, if any, (pertaining to Council activities, patterns of participation by the various members, decision-making effectiveness, discord, etc.).

IV

MEAL SERVICE AND ATTENDANCE STATISTICS

SOURCE: Counts made by FRA during visits to meal sites on three randomly selected sites.

NOTE: Do *not* use provider records as a source for this section.

A.	Dates of Visits	Day of Week	Observer's Name
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

B. Number of participants served?

(1) _____ (2) _____ (3) _____

C. Number of nonparticipants (guests, staff, etc., including yourself) served:

(1) _____ (2) _____ (3) _____

D. Number of meals home-delivered to participants:

(1) _____ (2) _____ (3) _____

E. Number of meals prepared or purchased, including those for home delivery:

(1) _____ (2) _____ (3) _____

F1. Number of participants who could not be served:

(1) _____ (2) _____ (3) _____

F2. (If any participants could not be served): Give reasons below.

(1) _____

_____

(2) _____

_____

(3) _____

_____

G. Describe general weather conditions at meal times on dates of visits.

(1) _____

_____

(2) _____

_____

(3) _____

_____

H. Describe any other factors that may have influenced meal attendance substantially (either positively or adversely) on dates of visits.

(1) _____

_____

(2) _____

_____

(3) _____

_____

I. Indicate format in which food arrives at meal site:

(1) Prepared on-site, no transport required
(2) Delivered to site in bulk at serving temperatures
(3) Delivered to site in bulk, cold, requiring reheating at sites
(4) Delivered preplated for individual service, hot
(5) Delivered preplated, cold, requiring reheating at sites
(6) Delivered preplated, frozen

V.

MEAL SITE ENVIRONMENT AND FACILITIES

This section is provided for recording observations and impressions of the meal site neighborhood and physical facilities. Most items in this section should be readily apparent through observation of the meal site facility and its environs, and through informal discussions with staff members. You should also attempt to obtain insights and clues regarding facilities by reviewing any available assessments of the site conducted by provider, state or regional officials. Prior assessments, however, may help you identify features that are or are not particularly effective, appropriate, or innovative. (Review of available assessments also may be useful for helping you provide the observations called for.) Do not, however, merely accept the observations and conclusions of any existing assessment; we want you own impressions.

A. ENVIRONMENT OF THE MEAL SITE

1. Type of neighborhood or locale in which meal site is located.

   1 Rural
   2 All residential
   3 Residential with a few businesses (e.g., corner store)
   4 Even mix of residences and businesses
   5 Predominantly business, with some residences
   6 All business
   7 Other (describe):

2. Predominant type of residences in neighborhood

   1 Single family dwellings
   2 Duplexes, triplexes
   3 Small apartment buildings (4 to 10 units)
   4 Large apartment buildings (more than 10 units)
   5 No residences
   0 Other (describe):

3. Appearance, condition of neighborhood buildings

   1 Well maintained, clean
   2 Appear to be structurally sound, functional but unattractive, rather dirty or in need of paint
   3 Appear to be in need of minor repair (broken windows, etc.)
   4 Appear to be dilapidated, structurally unsound
   5 No other buildings
   0 Other (describe):

4. Neighborhood safety from crime (evaluator's observations and judgments)

   1 Extremely safe
   2 Safe except at certain times of the day or night
   3 Somewhat dangerous, particularly at certain times
   4 Usually unsafe
   0 Other (explain):

5. Indicate features of service area or meal site location that make it difficult or unsafe for some participants to get to and from the meal site.
(CIRCLE ALL THAT APPLY):

1 Traffic safety (explain):

1 Parking problems (explain):

1 Steep hills (explain):

1 Long detours (explain):

1 Construction projects (explain):

1 Danger or threat of theft, bodily harm, etc.--e.g., street gangs, drunks, other threatening people frequenting the neighborhood.

1 Inadequate sidewalks--or inadequately maintained sidewalks (explain):

1 Other difficult or unsafe features (explain):

6. Public transportation available in meal site area:

1 Bus
2 Subway, train
3 Both of above
9 None
0 Other (specify):

B. PHYSICAL FACILITY

1. Is there an adequate place to put overcoats, hats, boots, umbrellas, etc?

1 Yes 2 No 9 D.K.

IF NO: Explain what is done with bad weather garments

2. Building which houses meal site facility

2a. Type of building in which meal site is located:

1 Church
2 School
3 Converted business (storefront)
4 Office building
5 Converted residence
6 Community center
0 Other (specify):

_____

2b. Other uses of these facilities, if any, for other activities and clients:

2c. If there are other uses of facilities, describe any problems that this has created, such as conflicts in scheduling:

2d. Appearance, condition of building:

1 Well maintained, clean

2 Appears to be structurally sound, functional, but unattractive, dirty, or in need of paint

3 Appears to be in need of minor repairs (broken windows, sagging screen doors, etc.)

4 Appears to need major repairs for reasons of safety, minimum comfort

0 Other (describe):

2e. Floor level on which meal site is located:

1 Street level

0 Other (specify):

_____

3. Furnishings, supplies, and equipment

3a. Kitchen facilities and equipment (Circle all available):

1 Stove (or cooking surface unit)

1 Oven

1 Refrigerator

1 Freezer

1 Garbage disposal unit

1 Storage cabinets

1 Serving tables

1 Other (specify):

3b. Is waste disposal:

1 Visible in eating area

2 Not visible in eating area

0 Other (explain):

3c. Furnishings: (CIRCLE ALL APPROPRIATE)

Age	1	New	2	2-3 years old	3 Older
Condition	1	New paint	2	Old paint	
Style	1	Padded chairs	2	Folding or rigid chairs	3 Benches

4. Meal service arrangements

4a. Type of meal service used: (CIRCLE ALL TYPES USED. IF MORE THAN ONE, CHECK THE MOST FREQUENTLY USED.)

1 Cafeteria style

(Participants' plates filled by workers at central serving area; participants carry plates or trays to dining tables.)

2 Family Style

(Participants serve themselves from serving dishes on the dining tables.)

3 Buffet Style

(Participants serve themselves at central serving area; carry plates to dining table.)

4 Restaurant Style:

(Participants are seated at dining tables, and preportioned servings are brought to them.)

0 Other (describe):

4b. Portions controlled by:

1 Site staff

2 Caterer (i.e., portions controlled at time of meal preparation)

3 Participant

0 Other (explain):

4c. Number of persons who can be seated and fed at one time: _____

4d. Adequacy of table space

1 Plenty of room to eat comfortably

2 Somewhat crowded (short on elbow room)

3 Very crowded (no elbow room, difficult to sit down or stand up)

0 Other (describe):

_____

4e. Average number of people at a table: _____

4f. Adequacy of space between tables:

1 Plenty of room to move about, get to seats comfortably

2 Space is somewhat crowded and movement is somewhat inconvenient, uncomfortable

3 Space between tables is very crowded; little or no movement can take place

0 Other (specify):

_____

_____

4g. Posting of menus for upcoming meals:

1 Yes 2 No

IF YES:

Number of days in advance:

_____

5. Access and entry to site

5a. Which of the following are present as modes of entry?

Stairs, steps	1
Ramps, inclines	1
Elevator	1
Escalator	1
Other	1

(1) If stairs, number [ ]

(2) Are handrails provided? Yes 1
No 2

5b. Adequacy of lighting in stair wells, entry halls, etc.

1 Adequate
2 Inadequate
3 Other (describe):

_____

5c. Other characteristics of access and entry to meal site (describe noteworthy features not recorded previously, such as steepness, barriers, heavy doors, long hallways, etc.).

5d. Evaluator's rating of accessability of meal site (taking into account the physical features recorded above and observations of participant use of these).

1 Easily accessible to all participants
2 Accessible to all or most, but some participants encounter difficulty
3 Many participants encounter difficulty
0 Other (describe):

_____

5e. Are there any (other) barriers in the facility that make ambulation for the elderly difficult?

1 Yes 2 No

IF YES: (Explain)

5f. Are there adequate exits designed to meet any special needs of the elderly?

1 Yes 2 No

IF NO: (Explain)

VI.

PROVIDER ACTIVITIES AND SERVICES

This section pertains to meals and other activities and services offered by the provider. Many of the items are subjective, based upon your impressions and perceptions. In general, your answers to questions in this section should be based on a consolidation of information gathered from interviews, observations, records, and informal discussions with staff, contractors, or participants. Make notes of explanation wherever this seems potentially useful to our understanding.

A. MEAL SERVICES

1. Participant interaction

1a. Predominant participant activities between their arrival at meal site and the time food is served. (CIRCLE ALL APPROPRIATE.)

1 Participants visit with staff
1 Participants visit amongst themselves
1 Participants stand in line or sit quietly
1 No time lapse between arrival and serving time
1 Other (describe):

1b. After participants have finished eating: (CIRCLE ALL APPROPRIATE.)

1 Another activity is usually scheduled (specify):

_____

1 Meal site closes immediately
1 Meal site remains open for informal recreation for _____ hours
1 Other situation (specify):

_____

1c. After most participants have finished eating, they:

1 Leave immediately

2 Stay and visit a short while and then leave

3 Stay and visit while waiting for another activity to begin

4 Engage in various recreation activities (e.g., cards, pool, TV, etc.)

5 Wait quietly for next activity to begin

0 Other (describe):

1d. Based on your observations, are there cliques or groups of participants which exclude outsiders?

1 Yes, this condition is quite prevalent

2 Yes, this condition exists to some extent

3 Yes, but this condition occurs only rarely

4 No

0 Other situations (explain):

IF YES:

1e. What are the apparent bases for participant cliques or groupings? (CIRCLE ALL APPROPRIATE.)

1 Ethnicity

1 Race

1 Income

1 Special interests

1 Old friendships

1 Other (specify):

_____

1f. What, if anything, is done to orient new participants, help them get acquainted, etc.?

1g. Do new members of the nutrition program have trouble being accepted by the other participants?

1 No, everyone is always made to feel welcome
2 No, not if they know someone who is already a member
3 No, not if they can fit in with an established clique
4 Yes, it takes everyone a few days to be accepted
5 Yes, some types of people will never be accepted
6 Yes, the participants are hostile to everyone
0 Other (explain):

1h. When are new members asked to enroll formally?

1 At first meal
2 After two or three meals
3 Enrollment procedure is informal (explain procedure):

0 Other (explain):

1i. When are newcomers expected to begin paying for meals?

1 Beginning with first meal
2 After two or three meals
0 Other procedure (explain):

1j. Do meal site staff members and volunteers interact well with participants?

1 Yes 2 No

COMMENTS:

1k. Does staff make an effort to facilitate participant interaction?

1 Yes 2 No

COMMENTS:

1l. In general, how would you define attitudes of staff towards participants?

1m. Attitudes of participants toward staff?

1n. Does the meal period include:

1 Singing hymns?

1 Yes 2 No 9 D.K.

2 Saying a grace of any sort?

1 Yes 2 No 9 D.K.

3 Physical exercise by the group?

1 Yes 2 No 9 D.K.

2. Meal site atmosphere

Give your impression of the meal site by rating its characteristics on the scales below. Mark the position on the scales which best describes the atmosphere. If there is no tendency in either direction mark the characteristic as neutral (3). Space is provided for additional description if needed.

Other Comments:

B. PARTICIPANT RECRUITMENT AND ENROLLMENT

1. Has the provider (total "project") had difficulties in enrolling the targeted number of participants?

   1 Yes 2 No

2. What services does the provider's "outreach" component include in addition to recruitment?

   1 Follow-up of inactive and ill enrollees
   2 Visits only to enrollees known to be ill
   3 None
   0 Other (describe):

3. Are records of outreach contacts maintained by the provider? (CIRCLE PREDOMINANT CHARACTERISTIC)

   3a 1 Yes, number of contacts are recorded
   2 Yes, names of individuals contacted are recorded
   3 Yes, records are kept of contacts, giving names of individuals, detail on what transpired during the contact, services provided, etc.
   9 No outreach records are maintained

IF YES:

3b. 1 Outreach records appear to be well maintained and generally accurate
2 Outreach records appear crude and of questionable accuracy
0 Other assessment_____

4. Who does outreach for the sample *site?*

   1 Specific outreach worker, working only at sample site
   2 Specific outreach worker, working at more than one meal site
   3 Provider-level staff with other duties in addition to outreach
   4 Site-level staff with other duties in addition to outreach

IF SPECIFIC OUTREACH WORKER:

4a. Is this person

1 Paid by the provider

2 Paid by the Area Agency on Aging

3 Paid by some other agency/organization

4 A volunteer

0 Other status (explain):

C. TRANSPORTATION SERVICES PROVIDED TO PROJECT PARTICIPANTS

1. Available to and from meal sites:

1 On a regularly scheduled basis serving all who need or want it

2 On a regularly scheduled basis but not able to serve all who need or want it

3 On an irregular or occasional basis when a participant has a special need

4 Not available to meal site

0 Other conditions of availability of transport to meals (explain):

D. ESCORT SERVICES PROVIDED TO PROJECT PARTICIPANTS

1. Available:

1 On regularly scheduled basis serving all who need and want it

2 On a regularly scheduled basis but not able to serve all who need or want it

3 On an irregular or occasional basis when a participant has a special need

4 Not available through meal site

0 Other conditions of availability of escort (explain):

VII.

PROVIDER STAFFING AND ADMINISTRATION

A. STAFF CONTINUITY

1. Has staff turnover been a problem?

1 Yes 2 No

IF YES: In which position(s)?

To what do you attribute this problem?

B. PROVIDER ADMINISTRATION AND OPERATIONS

1. Do the nutrition services appear to be generally well-organized and efficiently operated?

1 Yes 2 No

IF NO: Please describe the problems you have observed, and sources of these problems, if appropriate

What effects, if any, do the organizational or efficiency problems have on the client meals and services?

2. Have the policies and regulations from any level of government or from any outside agency created operational difficulties for the provider?

1 Yes 2 No

IF YES: Please Explain

C. INTERORGANIZATIONAL RELATIONSHIPS

1. What is the relationship between the provider and the Area Agency on Aging? (For example, does the provider utilize the Area Agency to identify services for participants? Does the provider provide input to planning or other activities of the Area Agency?)

2. How has the provider enlisted the cooperation of other service agencies and planning organizations for the elderly? (For example, in planning the nutrition services representation on advisory council, involvement in recruitment and serving, referrals, etc.)

PARTICIPANT AND NON-PARTICIPANT
INTERVIEW INSTRUMENTS: 1982

The elderly participant and non-participating neighbor interview portion of the evaluation, conducted by Opinion Research Corp., utilized four different questionnaires, administered to five types of respondents. They are duplicated here in the colors originally used. The pink and blue site participant questionnaires are identical in content, so only the blue one is included here.

Respondent Type	Color
Site Participant	
Recent Entry	blue
Longer Term	pink
Home-delivery Recipient	white
Non-participating Neighbor	yellow
Former Participant	green

Use of these instruments was guided by a Site Interviewer's Manual, supplemented by a two-day training session attended by each of the personal interviewers involved in the work.

OMB NO: 090-0123
Approval Expires:
September 30, 1982

Nutrition Program for the Elderly
Longitudinal Evaluation

Participant Questionnaire

INTRODUCTION

Hello, I'm _____, and I work for Opinion Research Corporation of Princeton, New Jersey. We have been employed by the Administration on Aging, of the Department of Health and Human Services, which is concerned with the nutritional status of older persons. This study is authorized by Section 202 of the Older Americans Act, as amended. The information collected during the interview will be used only for the purpose of evaluating these issues and results will be reported in statistical form only.

Your participation in this survey is completely voluntary, and you may refuse to participate if you so choose. You may also refuse to answer any questions or question, and you may withdraw at any time during the interview. Specifically, if you wish, you may refuse to answer any question which covers any of your rights under the First Amendment to the Constitution of the United States (free exercise of religion, free speech, free press, right of assembly, and right to petition the government for a redress of grievances). If you withdraw, you may destroy the questionnaire itself. Refusal to participate will in no way affect your eligibility to receive present or future Federal benefits.

The results of this study will be presented in a final report to the Administration on Aging. Your individual answers to the questions on this interview will not be identifiable, as they will be grouped with the answers of over 5,000 other people. No individual names or other identifying information will be used at any time in this report or any other reports concerning this study. All responses will be treated as strictly confidential. Your responses will be stored at Opinion Research Corporation, and will be destroyed after the study has been completed.

A. PERSONAL EXPERIENCE WITH NUTRITION PROGRAM

A1. How often do you usually go to this site for a hot meal?

1 MONDAY-FRIDAY (EVERY DAY)
2 FOUR TIMES A WEEK
3 THREE TIMES A WEEK
→ GO TO Q.A4a

4 TWO TIMES A WEEK
5 ONCE A WEEK
6 TWO TO THREE TIMES A MONTH
7 MONTHLY
8 LESS OFTEN THAN MONTHLY
9 DON'T KNOW OR CAN'T SAY
0 OTHER (SPECIFY): _____

IF LESS THAN THREE TIMES A WEEK, ASK:

A2. Do you usually go to this site on certain days, or do you go just when you feel like it?

1 CERTAIN DAYS
2 WHEN FEEL LIKE IT
3 DON'T KNOW
→ GO TO Q.A4a

IF "CERTAIN DAYS," ASK:

A3. Why do you go just on certain days?

A4a. Do you plan to keep going to this place for hot meals?

1 YES
2 MAYBE
→ SKIP TO Q.A5

3 NO
4 DON'T KNOW → SKIP TO Q.A5

IF "NO" ON Q.A4a, ASK:

A4b. Why is that?

A5. Thinking back, when was the first time you went to this place or site for a hot meal? (How long ago was that?)

1 WITHIN PAST WEEK
2 WITHIN PAST MONTH
3 WITHIN PAST THREE MONTHS
4 WITHIN PAST SIX MONTHS
5 WITHIN PAST YEAR
6 LONGER THAN A YEAR AGO
7 DON'T KNOW

A6. How did you first hear about this hot meal program?

1 SOME PERSON TOLD ME
2 NEWSPAPER OR TV
3 POSTERS, SOMETHING IN MAIL
4 ANNOUNCEMENT IN CLUB OR CHURCH
5 REFERRED BY SOME SOCIAL AGENCY (POLICE, HOSPITAL, ETC.)
6 DON'T KNOW

A7. How do you get to the hot meal site?

PROBE: IF "BUS" DISTINGUISH BETWEEN SPECIAL BUS AND PUBLIC BUS.

1 WALK
2 DRIVE MYSELF IN A CAR
3 DRIVEN BY A FRIEND OR RELATIVE
4 PICKED UP BY SPECIAL CAR OR BUS
5 USE PUBLIC TRANSPORTATION
6 DON'T KNOW

A8. Do you have a lot of trouble getting to the site, some trouble, a little trouble, or no trouble at all?

1 A LOT OF TROUBLE
2 SOME TROUBLE
3 A LITTLE TROUBLE
4 NO TROUBLE
5 DON'T KNOW
→ GO TO Q.A10

IF 1, 2, 3, ASK:
A9. What kind of trouble do you have getting to the site?

A10. Are you asked to make a donation, are you charged a fee, or is the meal free?

1 DONATION
2 CHARGE
3 FREE
4 DON'T KNOW
→ GO TO SECTION B

IF "DONATION" OR "CHARGE" ON Q.A10, ASK:
A10a. Have you increased your contribution since you joined this program? 1 YES 2 NO

ET BY SITE
OU DECIDE AMOUNT
OR YOURSELF
ON'T KNOW
→ GO TO SECTION B

GO TO QUESTION A11.

IF "SET BY SITE," ASK:
A12. Do you think the amount of money you are asked to pay is too much, too little, about right, or should the meal be free?

1 TOO MUCH
2 TOO LITTLE
3 ABOUT RIGHT
4 MEAL SHOULD BE FREE
5 NO OPINION
6 DON'T KNOW

B. PERSONAL EVALUATION OF NUTRITION PROGRAM

B1. Is the hot meal site open at other hours of the day besides mealtime?
1 YES
2 NO
3 DON'T KNOW

B2. Does the hot meal site offer activities such as games, movies, or singing?
1 YES
2 NO
3 DON'T KNOW
→ GO TO Q.B4

IF "YES" ON Q.B2, ASK:

B3. How often do you participate in any of these activities -- always, sometimes, rarely, or never?
1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

B4. Do you spend a lot of time, some time just a little time, or no time, visiting with friends at the meal site?
1 A LOT OF TIME
2 SOME TIME
3 JUST A LITTLE
4 NO TIME
5 DON'T KNOW

B5. All things considered, is the meal site a very pleasant place to go, a fairly pleasant place, not too pleasant, or a very unpleasant place to go?
1 VERY PLEASANT
2 FAIRLY PLEASANT
3 NOT TOO PLEASANT
4 VERY UNPLEASANT
5 DON'T KNOW

B6a. What do you like most about the meal site -- the food, the people you visited with, the staff, or what?
1 FOOD
2 PEOPLE
3 STAFF
4 OTHER (SPECIFY): _____
5 DON'T KNOW

B6b. What do you like least about the meal site?
1 FOOD
2 PEOPLE
3 STAFF
4 OTHER (SPECIFY): _____
5 DON'T KNOW

B7. Have you ever gone to the meal site and not been served because the site was full?
1 YES
2 NO
3 DON'T KNOW

B8. Do you get enough to eat at the meal site? Would you say always, sometimes, rarely, or never?
1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

B9. Does the food usually taste good at the site?

1 YES
2 NO
3 DON'T KNOW

B10. Does it save you a lot of money, some money, a little money, or no money, to eat at the site, or does it cost you money?

1 SAVE A LOT
2 SAVE SOME
3 SAVE A LITTLE
4 SAVE NOTHING
5 COSTS MONEY
6 DON'T KNOW

B11. Have/Did the people at the site ever offer to go with you to help you do your grocery shopping, or not?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.B14

IF "YES," ASK:

B12. How often is/was this shopping assistance offered? Was it more than once a week, once a week, once every two weeks, once a month, or less than once a month?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE EVERY TWO WEEKS
4 ONCE A MONTH
5 LESS THAN ONCE A MONTH
6 DON'T KNOW

B13. Do/Did you usually use this assistance whenever it was offered, only occasionally, or have you never used it?

1 WHENEVER OFFERED
2 ONLY OCCASIONALLY
3 NEVER USED
4 DON'T KNOW

B14. Does the site ever help people get medical examinations, treatments, or medicines?

1 YES
2 NO
3 DON'T KNOW → GO TO SECTION C

IF "YES," ASK:

B15. Have you ever used this service?

1 YES
2 NO

C. PERSONAL MOBILITY

C1. Altogether, about how many times a week do you get out of your house (apartment) to run errands, visit, or just walk? Would you say you get out nearly every day, every other day, once or twice a week, or less than once a week?

1 NEARLY EVERY DAY
2 EVERY OTHER DAY
3 ONCE OR TWICE A WEEK
4 LESS THAN ONCE A WEEK
5 OTHER (SPECIFY):_____
_____
6 DON'T KNOW

C2. Do you dress yourself every day, including putting on your shoes?

1 YES
2 NO
3 DON'T KNOW

C3. Can you clean and maintain your house or apartment yourself?

1 YES
2 NO
3 DON'T KNOW

C4. Can you go out of doors . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C5. Can you walk up and down stairs . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C6. Can you get about the house . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C7. Can you wash and bathe yourself . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C8. Can you dress yourself and put on shoes . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C9. Can you cut your own toenails . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

D. HEALTH

D1. How many times have you seen a doctor for any reason during the past year? _____TIMES

D2. How many of these times were for a check-up or physical examination? _____TIMES

D3. During the past year, how much time altogether were you in bed all or most of the day because of illness or a health condition?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D4. How many days, in the past year, were spent in a hospital or nursing home?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D5. Do you use any of the following aids regularly? (CIRCLE "YES" OR "NO" FOR EACH AID.)

	YES	NO
Cane (including tripod-tip cane)	1	2
Walker or crutches	1	2
Wheelchair	1	2
Brace	1	2
Hearing aid	1	2
Other (SPECIFY):_____	1	2

D6. How is your eyesight -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D7. How is your hearing -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D8. Do you have difficulty chewing food, or not?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.D10

IF "YES," ASK:
D9. Are there some foods that you just can't eat because you can't chew them?
1 YES
2 NO
3 DON'T KNOW

D10. Do you smoke cigarettes?
1 YES
2 NO
3 DON'T KNOW

D11a. Do you drink alcoholic beverages?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.D12

IF "YES," ASK:
D11b. Have you ever had a problem with your health because of your drinking, or been advised by a physician to cut down on your drinking?
1 YES
2 NO
3 DON'T KNOW

D12. How would you rate your health generally at the present time -- excellent, good, average, fair, or poor?
1 EXCELLENT
2 GOOD
3 AVERAGE
4 FAIR
5 POOR
6 CAN'T SAY/DON'T KNOW

D13. Is your health generally better now, about the same, or worse than it was last year?
1 BETTER
2 ABOUT THE SAME
3 WORSE
4 CAN'T SAY/DON'T KNOW

D14. Do you ever receive information about health care payments or insurance matters through the hot meal site?
1 YES
2 NO
3 DON'T KNOW

D15. What is your height? ☐ FEET ☐☐ INCHES

D16. What is your weight? ☐☐☐ POUNDS

D17. Have you gained or lost weight during the past year, or have you stayed the same?
1 GAINED
2 LOST
3 SAME
4 DON'T KNOW → GO TO SECTION E

IF GAINED OR LOST WEIGHT, ASK:
D18. How many pounds have you (gained or lost) during the past year?
☐☐☐ POUNDS

E. EATING HABITS

Now, I'd like to ask you a few questions about the meals you eat at home.

E1. When you eat at home, do you normally eat by yourself or with other people?
- 1 BY SELF
- 2 WITH OTHERS
- 3 DON'T KNOW

E2. Do you have hot meals at home?
- 1 YES
- 2 NO → GO TO Q.E4
- 3 DON'T KNOW → GO TO Q.E4

IF "YES," ASK:

E3. Do you have hot meals daily, several times a week, once a week, or less often than once a week?
- 1 DAILY
- 2 SEVERAL TIMES A WEEK
- 3 ONCE A WEEK
- 4 LESS THAN ONCE A WEEK
- 5 DON'T KNOW

E4. Do you normally prepare your meals yourself, or do you help someone else cook, or don't you cook at all?
- 1 PREPARE OWN MEALS → GO TO Q.E6
- 2 HELP SOMEONE ELSE COOK
- 3 DON'T COOK
- 4 DON'T KNOW

IF 2,3, OR 4 ON Q.E4, ASK:

E5. Can you prepare hot meals for yourself if you need to?
- 1 YES
- 2 NO
- 3 DON'T KNOW

E6. How often do you invite friends or relatives to have lunch or dinner with you -- often, sometimes, rarely, or never?
- 1 OFTEN
- 2 SOMETIMES
- 3 RARELY
- 4 NEVER
- 5 DON'T KNOW

E7. Do you ever try out new kinds of food or recipes that you have never tasted before?
- 1 YES
- 2 NO
- 3 DON'T KNOW

E8. Do you usually enjoy eating, enjoy it some of the time, or do you just eat because you have to?
- 1 USUALLY ENJOY
- 2 SOMETIMES ENJOY
- 3 EAT OUT OF NECESSITY
- 4 NO OPINION
- 5 DON'T KNOW

E9. Do you feel you generally eat very nutritious meals, fairly nutritious meals, or not too nutritious meals?
- 1 VERY NUTRITIOUS
- 2 FAIRLY NUTRITIOUS
- 3 NOT TOO NUTRITIOUS
- 4 NO OPINION
- 5 DON'T KNOW

10
E2 (P)

E10. Do you take a vitamin or mineral supplement?
1 YES
2 NO → SKIP TO Q.E13

IF "YES," ASK:

E11. Which do you take? (READ RESPONSES)
1 MULTI-VITAMIN
2 MULTI-VITAMIN AND MINERAL
3 MULTI-VITAMIN AND IRON
4 MINERAL ONLY
5 IRON ONLY
6 INDIVIDUAL VITAMIN
7 DON'T KNOW

E12. Do you take this regularly?
1 YES
2 NO

HAND RESPONDENT CARD A

E13. Now, I'd like to know about the food you have in your house right now. Which of these kinds of food do you have in your house now? (GO OVER CARD WITH RESPONDENT.)

1 FRUIT
2 GREEN VEGETABLES
3 OTHER VEGETABLES
4 MEATS
5 FISH
6 STARCHES
7 MILK PRODUCTS
8 EGGS
9 DESSERTS
10 BAKED GOODS
11 CONDIMENTS
12 STAPLES
13 "T.V. DINNERS"
14 PET FOOD
15 SOUPS
16 BEVERAGES
17 ALCOHOLIC BEVERAGES
18 SNACKS
19 OTHER (SPECIFY): _____
_____
_____
20 DON'T KNOW

TAKE BACK CARD A

E14. Do they ever have classes, discussions, or brochures on nutrition or food preparation at the meal site where you go?

1 YES
2 NO
3 DON'T KNOW
→ GO TO SECTION F

IF "YES," ASK:

E15. Have you ever participated in these activities, in these classes, or read these brochures?

1 YES
2 NO
3 DON'T KNOW
→ GO TO SECTION F

IF "YES," ASK:

E16. How would you rate these classes, activities, or brochures on being helpful and informative to you? Would you say they are very helpful and informative, somewhat, not too, or not at all helpful and informative?

1 VERY
2 SOMEWHAT
3 NOT TOO
4 NOT AT ALL
5 NO OPINION
6 DON'T KNOW

F. PSYCHOLOGICAL WELL-BEING

F1. Would you say that overall you're in an unusually good mood today, an average mood, or do you feel particularly badly today?

1 GOOD
2 AVERAGE
3 BAD

F2. Is there something in particular that you are looking forward to doing next week?

1 YES
2 NO → GO TO Q.F4

IF "YES," ASK:

F3. What is it that you are looking forward to doing?

F4. About how many close friends would you say you have in your immediate neighborhood -- friends who you get to see and talk with at least once a week?

98 DON'T KNOW

F5. And how many close friends would you say you have outside your immediate neighborhood -- again, we're asking about people you get to see and talk with at least once a week?

98 DON'T KNOW

F6. On the subject of friends, would you say that you have too many, just the right number, or too few?

1 TOO MANY
2 JUST RIGHT
3 TOO FEW

F7. If you wanted to confide in someone or discuss something important with someone, with whom would you want to talk?

1 SPOUSE
2 SON (IN-LAW)
3 DAUGHTER (IN-LAW)
4 OTHER RELATIVE (SPECIFY):

5 NEIGHBOR
6 FRIEND
7 OTHER (SPECIFY):

8 NO ONE

F8. If you got sick and needed someone to help you for a long period of time, is there someone you could ask for help?

1 YES
2 NO

F9. During the past few weeks, have you felt (ITEM) often, sometimes, rarely, or never?

		OFTEN	SOME-TIMES	RARELY	NEVER	NO OPINION
a)	Pleased about having accomplished something	1	2	3	4	5
b)	Bored	1	2	3	4	5
c)	Particularly excited or interested in something	1	2	3	4	5
d)	Upset because someone criticized you	1	2	3	4	5
e)	Depressed or very unhappy	1	2	3	4	5
f)	Proud because someone had complimented you on something you had done	1	2	3	4	5
g)	So restless that you couldn't sit long in a chair	1	2	3	4	5
h)	Lonely or remote from other people	1	2	3	4	5
i)	Pleased that things were going your way	1	2	3	4	5
j)	On top of the world	1	2	3	4	5

G. SOCIAL LIFE

G1. How often do you attend religious services?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE OR TWICE A MONTH
4 LESS THAN ONCE A MONTH
5 RARELY
6 NEVER → GO TO Q.G6

IF ATTEND SERVICES AT ALL IN Q.G1, ASK:

G2. Do you sing in the choir or actively volunteer to help at church or synagogue functions?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.G4

IF "YES," ASK:

G3. Did you do this before you started going to the hot meal site?

1 YES
2 NO
3 DON'T KNOW

G4. Thinking of all your friends, would you say most of your friends go to the same church or synagogue as you, some of your friends go to the same church or synagogue, or almost none of your friends go to the same church or synagogue?

1 MOST GO TO SAME CHURCH OR SYNAGOGUE
2 SOME GO TO SAME CHURCH OR SYNAGOGUE
3 ALMOST NONE GO TO THE SAME CHURCH OR SYNAGOGUE
4 DON'T KNOW
5 HAVE NO FRIENDS

G5. Do any of the people you know at the hot meal site go to your church or synagogue, too?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.G6

IF "YES," ASK:

G5a. Did you hear about the hot meal program from a person who goes to your church or synagogue?

1 YES
2 NO
3 DON'T KNOW

G5b. Did someone from your church or synagogue go with you to the meal site?

1 YES
2 NO
3 DON'T KNOW

G5c. Does someone from your church or synagogue keep encouraging you to go to the hot meal site?

1 YES
2 NO
3 DON'T KNOW

G6. Aside from church or synagogue activities, do you belong to any clubs, lodges, or other organizations?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q.G8

IF "YES," ASK:

G7. Have you attended at least one meeting of a club, lodge, or other organization?

	YES	NO	DON'T KNOW
a. During the past week	1	2	3
b. During the past two weeks	1	2	3
c. During the past month	1	2	3
d. During the past 3 months	1	2	3
e. During the past 6 months	1	2	3
f. During the past year	1	2	3

G8. How many living children do you have?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE → SKIP TO SECTION H

IF ANY NUMBER GIVEN ON Q.G8, ASK:

G9. How long ago did you last see any of them?

1 TODAY
2 WITHIN 2-3 DAYS
3 DURING THE PAST WEEK
4 DURING THE PAST TWO WEEKS
5 DURING THE PAST MONTH
6 DURING THE PAST THREE MONTHS
7 DURING THE PAST SIX MONTHS
8 DURING THE PAST YEAR
9 ONE-TO-TWO YEARS AGO
10 HARDLY EVER
11 NEVER

G10. How many live close enough, so that you can get together fairly easily, say less than 45 minutes from here?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE

16
H1 (P)

H. INCOME SUFFICIENCY

H1. About how much money do you spend each week on food for yourself and other members of your household?

☐☐☐ (RECORD TO NEAREST DOLLAR)
98 DON'T KNOW

H2. How well does the amount of money you have take care of your needs -- very well, fairly well, or poorly?

1 VERY WELL
2 FAIRLY WELL
3 POORLY
4 DON'T KNOW

H3. Do you usually have enough money to buy those little "extras"; that is, some small luxuries?

1 YES
2 NO
3 DON'T KNOW

H4. Do you support, or help support, anyone besides yourself?

1 YES
2 NO
3 DON'T KNOW

I. DEMOGRAPHICS

I1. First, are you currently married, divorced, separated, or widowed, or have you never been married?

1 MARRIED
2 DIVORCED
3 SEPARATED
4 WIDOWED
5 NEVER MARRIED

I2. At any time during the last ten years, were you ever working full-time, that is, at least 30 hours a week?

1 YES
2 NO
3 DON'T KNOW

I3. Do you own or rent your home at this address?

1 OWN HOME
2 RENT HOME
3 OWN CO-OP APARTMENT OR CONDOMINIUM
4 RENT APARTMENT
5 NEITHER OWN OR RENT
6 DON'T KNOW

I4. Do you live here alone, or does someone live with you?

1 ALONE
2 WITH SOMEONE

I5. Would you tell me how old you are?

[ ][ ][ ] YEARS
998 REFUSED (IF REFUSED, CIRCLE 998 AND RECORD ESTIMATE BASED ON APPEARANCE, ATTITUDE, AND RELATED RESPONSES)

HAND RESPONDENT CARD B

I6. Using this card as a guide, please tell me the amount of your education. Just read me the number, please.

1 NO FORMAL EDUCATION
2 FIRST OR SECOND GRADE
3 THIRD OR FOURTH GRADE
4 FIFTH OR SIXTH GRADE
5 SEVENTH GRADE
6 EIGHTH GRADE
7 NINTH GRADE
8 TENTH OR ELEVENTH GRADE
9 HIGH SCHOOL COMPLETE (12TH GRADE)
10 SOME COLLEGE
11 COLLEGE COMPLETE OR MORE
12 DON'T KNOW

TAKE BACK CARD B

I7a. Is your mother still alive?

1 YES → GO TO Q.I8a
2 NO
3 DON'T KNOW → GO TO Q.I8a

IF "NO," ASK:
I7b. How old was she when she died? ☐☐☐ YEARS

I8a. Is your father still alive?

1 YES → GO TO Q.I9
2 NO
3 DON'T KNOW → GO TO Q.I9

IF "NO," ASK:
I8b. How old was he when he died? ☐☐☐ YEARS

HAND RESPONDENT CARD C

I9. For statistical purposes, we need to know your family income for 1981. Please give me the letter that covers your total family income for 1981, before taxes. Include your own income and that of any members of your immediate family who are living with you. Just give me the letter.

1	A.	UNDER $2,000 A YEAR	1
2	B.	$2,000 - $3,999	2
3	C.	$4,000 - $5,999	3
4	D.	$6,000 - $9,999	4
5	E.	$10,000 - $13,999	5
6	F.	$14,000 - $17,999	6
7	G.	$18,000 - $21,999	7
8	H.	$22,000 AND OVER	8
9	DON'T KNOW/REFUSED		

IF "DON'T KNOW" OR "REFUSED," ESTIMATE AND RECORD HERE

TAKE BACK CARD C

I10. Are you (or your spouse) now using food stamps to buy any of your food?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

I11. Are you (or your spouse) now receiving any benefits from Medicaid?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

IF RESPONDENT RENTS A HOME OR APARTMENT (2 OR 4 ON Q.I3), ASK:

I12. Do you receive rent assistance, either in the form of money or as lower rent?

1 MONEY
2 LOWER RENT
3 OTHER (SPECIFY): _____
4 NO
5 DON'T KNOW

J. FRIEND/RELATIVE LOCATION

If we ever want to reinterview you in the future, could you please tell me the name, address, and telephone number of someone who will know where you are in case you should happen to move?

X REFUSED

NAME: _____

ADDRESS: _____

_____

_____

_____

TELEPHONE: (_____) _____
Area Code Number

K. 24-HOUR RECALL

Now, for the next part of this interview, I would like to know what you ate yesterday. I'd like you to tell me exactly what you had to eat and drink yesterday.

If you are having trouble remembering what you ate, try to think about what you did yesterday. Often this will help you remember what you ate. Think about the very first thing you did yesterday after you got up, then the second thing, etc., until you had something to eat.

INTERVIEWER: FOR EACH FOOD EATEN BY RESPONDENT, FIND THAT FOOD OR FOOD GROUP ON THE FOLLOWING LIST. EACH FOOD HAS A SPECIFIC UNIT SIZE LISTED WITH IT.

ON THE LINES BY THE FOODS, UNDER THE HEADING "NUMBER OF UNITS," RECORD THIS INFORMATION. FOR INSTANCE, IF THE RESPONDENT HAD AN 8 OZ. GLASS OF MILK FOR BREAKFAST, AN "8" WOULD BE RECORDED ON THE APPROPRIATE LINE. HALF AND QUARTER UNITS MAY ALSO BE RECORDED.

THE COLUMN FOR RECORDING NUMBER OF UNITS HAS THREE SECTIONS. THE FIRST IS FOR ALL FOOD, INCLUDING MEALS AND SNACKS, EATEN FROM MIDNIGHT UNTIL 11 A.M. THE SECOND IS FOR FOOD EATEN BETWEEN 11 A.M. AND 4 P.M. THE THIRD IS FOR ALL FOOD EATEN AFTER 4 P.M.

IT MAY BE NECESSARY TO HELP THE RESPONDENT REMEMBER WHAT HE/SHE HAD TO EAT BY GENTLE, PROBING QUESTIONS ABOUT THEIR OTHER ACTIVITIES.

QUESTIONS LIKE THESE MAY HELP THE RESPONDENT REMEMBER BETTER.

"Did you do any work around the house?"

"Did you go somewhere yesterday?"

"Did you watch any TV programs?"

"Did you visit with neighbors or friends?"

IF NECESSARY, YOU MAY ALSO SUGGEST VARIOUS FOODS WHICH ARE OFTEN EATEN AT DIFFERENT MEALS.

CONSULT THE INTERVIEWER'S MANUAL FOR ANSWERS TO ANY QUESTIONS YOU MAY HAVE IN COMPLETING THIS FORM CORRECTLY.

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
1. MILK AND DAIRY				
0104 Buttermilk	1 ounce			
0107 Cheese (cheddar, Swiss, American, cheese spreads)	1 ounce			
0106 Chocolate Milk	1 ounce			
0108 Cottage Cheese	1 cup			
0105 Malted Milk	1 ounce			
0102 Skim Milk	1 ounce			
0203 2% Milk	1 ounce			
0101 Whole Milk	1 ounce			
2. BUTTER, CREAM, DRESSINGS AND FATS				
0203 Artificial Whipped Cream	1 tbsp.			
0201 Butter or Margarine	1 pat/1 tsp.			
0205 Cheese Sauce	1 tbsp.			
0204 Coffee Lightener	1 tbsp.			
0202 Cream (coffee or whipping)	1 tbsp.			
0206 Cream Sauce	1 tbsp.			
0209 Fat (Cooking/Frying)	1 tbsp.			
0210 Gravy (Meat)	1 tbsp.			
0208 Mayonnaise, Salad Dressing	1 tbsp.			
0207 Oil & Vinegar Dressing (French, Italian?	1 tbsp.			
3. EGGS				
0301 Eggs	1 egg			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
4. MEATS, POULTRY, FISH, AND SEAFOOD				
0403 Beef (hamburger,meat loaf,roast,steak,corned or dried	1 ounce			
0409 Crabs	1 ounce			
0404 Fish or Seafood	1 ounce			
0405 Fish Sticks	1 stick			
0407 Liver (beef, pork, chicken, calf)	1 ounce			
0401 Pork (ham, chops, roast, steak)	1 ounce			
0402 Pork ribs	1 ounce			
0408 Shellfish	1 ounce			
0406 Other Meats (chicken, turkey, veal, lamb, game meats)	1 ounce			
5. MEAT PRODUCTS				
0501 Bacon	1 slice			
0503 Frankfurters, Wiener, or Bratwurst	1 link			
0504 Luncheon Meats (bologna, salami, sandwich meats)	1 slice			
0502 Pork Sausage (1 pattie = 2 links)	1 link			
6. MIXED DISHES WITH MEAT				
0602 Chicken a la king, Cream chicken, Chicken croquettes, Chicken pot pie	1 cup			
0603 Chile Con Carne, Tacos, Tamales	1 cup			
0604 Meat Stew	1 cup			
0605 Pizza with Meat	1 slice			
0601 Spaghetti with Meat Sauce, or Meat Balls, Lasagna, Ravioli	1 cup			
Other (SPECIFY): _____	1 cup			
_____	1 cup			
_____	1 cup			
_____	1 cup			

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
7.	NON-MEAT MIXED DISHES				
0704	Cheese Fondue	1 cup			
0703	Cheese Rarebit on Toast	1 cup			
0701	Macaroni and Cheese	1 cup			
0702	Pizza without Meat	1 slice			
	Other (SPECIFY): _____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
8.	NUTS				
0801	Nuts	1 cup			
0802	Peanut Butter	1 tbsp.			
9.	POTATOES, RICE, AND PASTA				
0903	French Fries	10 pieces			
0904	Mashed Potatoes	1 cup			
0906	Pasta (all varieties)	1 cup			
0901	Potatoes (baked, fried, boiled)	1 med. potato			
0905	Rice (cooked, all varieties)	1 cup			
0902	Sweet Potato	1 med. potato			
10.	SOUPS				
1004	Cream Soup	1 ounce			
1002	Pea or Bean Soup	1 ounce			
1001	Tomato Soup	1 ounce			
1003	Vegetable Soup	1 ounce			

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K4 (P)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
11. VEGETABLES				
1112 Asparagus	1 cup			
1108 Beans (green or wax)	1 cup			
1110 Beans or Peas (cooked, dry)	1 cup			
1115 Beets	1 cup			
1101 Broccoli	1 cup			
1105 Cabbage	1 cup			
1103 Carrots	1 cup			
1106 Cauliflower	1 cup			
1116 Corn	1 cup			
1113 Greens (Kale, Collards, or Turnips)	1 cup			
1111 Onions	1 cup			
1109 Peas	1 cup			
1107 Peppers	1 cup			
1114 Spinach	1 cup			
1104 Squash (Winter)	1 cup			
1102 Tomatoes	1 cup			
12. SALADS				
1203 Cole Slaw	1 cup			
1201 Lettuce and Tomato	1 cup			
1202 Mixed Vegetables or Lettuce	1 cup			
1205 Potato Salad	1 cup			
1204 Waldorf	1 cup			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
13. FRUITS				
1308 Apple	1 fruit			
1309 Applesauce, Fruit Cocktail, Grapes, Pears, Pineapple	1 cup			
1303 Apricots, Peaches, Nectarines	1 cup			
1312 Banana	1 fruit			
1310 Blackberries, Raspberries, Blueberries	1 cup			
1302 Cantaloupe or Muskmelon	1 melon			
1304 Cherries, Plums, Prunes	1 cup			
1307 Grapefruit	1 fruit			
1306 Orange	1 fruit			
1311 Raisins, Dates	1 cup			
1305 Strawberries	1 cup			
1301 Watermelon	1 slice			
14. JUICES				
1402 Orange Juice, Grapefruit Juice	1 ounce			
1401 Tomato Juice	1 ounce			
1403 Vitamin C Fortified Drinks	1 ounce			
1404 Other Fruit Juices	1 ounce			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
15. BREADS, ROLLS, CEREALS				
1501 Bread (All kinds (except cornbread)	1 slice			
1507 Cereals, Cooked (oatmeal, cornmeal, cream of wheat, farina)	1 cup			
1504 Cereals, Highly Enriched (Total, Product 19)	1 cup			
1505 Cereals, Pre-sweetened dry	1 cup			
1506 Cereals, Other Dry (including granola)	1 cup			
1510 Crackers (plain or soda)	1 square			
1503 Danish Pastry or Donut	1 pastry			
1508 Pancakes	1 cake			
1502 Rolls, Buns, Biscuits, Muffins	1 roll			
1509 Waffles	1 waffle			
16. DESSERTS				
1610 Baked fruit desserts	1 cup			
1601 Butter Cake (All flavors)	1 slice or 1 cupcake			
1604 Cheesecake	1 slice			
1613 Chocolate Sauce	1 tbsp.			
1605 Cookies (plain)	1 cookie			
1607 Cream pie	1 slice			
1608 Fruit pie	1 slice			
1606 Gelatin desserts	1 cup			
1614 Icing	1 tbsp.			
1612 Milk desserts (custard, junket, ice cream, yoghurt)	1 cup			
1603 Pound Cake	1 slice			
1611 Puddings (All flavors, bread or rice)	1 cup			
1609 Pumpkin pie	1 slice			
1602 Sponge, Angel, or Chiffon Cake	1 slice			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
17. SNACK FOODS				
1702 Corn Chips	10 pieces			
1701 Potato Chips	10 pieces			
18. SWEETS				
1803 Chocolate candy & Peanut candy	1 ounce			
1802 Jellies, jam, marmalade, and honey	1 tbsp.			
1801 Sugar	1 tsp.			
1804 Other candy	1 ounce			
19. BEVERAGES				
1903 Beer	1 ounce			
1902 Soft drinks	1 ounce			
1901 Soft drinks (Diet)	1 ounce			
1904 Wine	1 ounce			
1905 Other Alcoholic Drinks, Highballs	1 ounce			
20. OTHER FOOD				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	FILL IN UNITS			

33 KB (P)

K2. Do you taste while you cook?

1 YES
2 NO
3 DON'T COOK
4 DON'T KNOW

K3. Was there anything special about yesterday that made you eat differently from the way you normally eat?

1 YES
2 NO → SKIP TO Q.K5

IF "YES," ASK:

K4. What was special about yesterday?

1 ILLNESS
2 DID NOT GET OUT
3 NO MONEY
4 NO FOOD AVAILABLE
5 FASTING
6 WEATHER
7 NO APPETITE
8 OTHER (SPECIFY):_____

_____

_____

K5. Did you eat at the meal site yesterday?

1 YES
2 NO
3 DON'T KNOW

TIME ENDED:_____

LENGTH OF INTERVIEW:_____MINUTES

36
L1 (P)

L. INTERVIEWER'S OBSERVATIONS

DO NOT ASK RESPONDENT THESE QUESTIONS

L1. Day of week on which interview was completed?
1 SUNDAY
2 TUESDAY
3 WEDNESDAY
4 THURSDAY
5 FRIDAY
6 SATURDAY

L2. Does the respondent seem realistically oriented as to time, place, and person?
1 YES
2 NO

L3. Has the respondent been cooperative during the interview?
1 YES
2 NO

L4. Did the respondent have any problems comprehending the interview questions?
1 YES
2 NO → GO TO Q.L5

IF YES:
1 Language barrier _____
2 Handicap (SPECIFY): _____
3 Other (SPECIFY): _____

L5. Does the respondent seem able to read?
1 YES → GO TO Q.L6
2 NO
3 DON'T KNOW → GO TO Q.L6

IF NO: L5a. Is the reason . . .
1 POOR EYESIGHT
2 ILLITERACY
3 OTHER (SPECIFY):
_____
_____
4 NOT DETERMINED

L6. Language in which interview was conducted: _____

L7. Sex of respondent:
1 MALE
2 FEMALE

L8. Race of respondent:
1 HISPANIC
2 AMERICAN INDIAN OR ALASKAN NATIVE
3 ASIAN OR PACIFIC ISLANDER
4 BLACK, NOT OF HISPANIC ORIGIN
5 WHITE, NOT OF HISPANIC ORIGIN

L9. Is this person:
1 SPANISH-SPEAKING
2 NON-SPANISH-SPEAKING

L10. Living standard level:
1 PROSPEROUS
2 UPPER MIDDLE
3 MIDDLE
4 LOWER

INTERVIEWER: FILL OUT FROM PERSONAL OBSERVATION. CIRCLE THE NUMBER WHICH BEST DESCRIBES THE TYPE OF DWELLING, ITS AGE, AND THE AREA IN WHICH IT IS LOCATED.

L11. TYPE OF DWELLING:

1 APARTMENT (3 STORIES OR MORE)
2 GARDEN APARTMENT (ONE OR 2 STORIES)
3 MULTIPLE FAMILY DWELLING ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
4 MULTIPLE FAMILY DWELLING DETACHED (DUPLEX, DOUBLE HOUSE, RESIDENTIAL HOUSE WITH MORE THAN ONE FAMILY IN IT)
5 SINGLE FAMILY ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
6 SINGLE FAMILY DETACHED (RESIDENTIAL HOUSE, HOUSE TRAILERS, HOUSES WITH YARDS)

L12. AGE OF DWELLING:

1 BUILT DURING 1960 TO THE PRESENT
2 1950 - 1959
3 1940 - 1949
4 1930 - 1939
5 1920 - 1929
6 BUILT PRIOR TO 1920

L13. TYPE OF AREA:

1 CENTER OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
2 RESIDENTIAL AREA WITHIN THE CITY LIMITS OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
3 MODERATE SIZED CITY (SELF-CONTAINED)
4 NEW SUBURB (PRIMARILY BUILT SINCE WORLD WAR II)
5 OLD SUBURB (PRIMARILY BUILT BEFORE WORLD WAR II)
6 SMALL TOWN
7 RURAL

L14. Can respondent converse in English?

1 YES
2 NO
3 NOT DETERMINED

L15. Does respondent read any English?

1 YES
2 NO
3 NOT DETERMINED

L16. Indicate below all persons other than respondent who were present during interview, their relationship to respondent, and their participation in the interview (including influencing the respondent's answers in any way).

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L3 (P)

L17. Indicate anything else about the interview, respondent, or situation that you feel is significant.

I certify that this is a complete and honest interview taken in accordance with my instructions. Furthermore, I promise to maintain the responses in strictest confidentiality.

Signed: _____

Date: _____

Location: _____
CITY STATE

OMB NO: 090-0123
Approval Expires:
September 30, 1982

Nutrition Program for the Elderly
Longitudinal Evaluation

Home Delivered Meals
Participant Questionnaire

INTRODUCTION

Hello, I'm _____, and I work for Opinion Research Corporation of Princeton, New Jersey. We have been employed by the Administration on Aging, of the Department of Health and Human Services, which is concerned with the nutritional status of older persons. This study is authorized by Section 202 of the Older Americans Act, as amended. The information collected during the interview will be used only for the purpose of evaluating these issues and results will be reported in statistical form only.

Your participation in this survey is completely voluntary, and you may refuse to participate if you so choose. You may also refuse to answer any questions or question, and you may withdraw at any time during the interview. Specifically, if you wish, you may refuse to answer any question which covers any of your rights under the First Amendment to the Constitution of the United States (free exercise of religion, free speech, free press, right of assembly, and right to petition the government for a redress of grievances). If you withdraw, you may destroy the questionnaire itself. Refusal to participate will in no way affect your eligibility to receive present or future Federal benefits.

The results of this study will be presented in a final report to the Administration on Aging. Your individual answers to the questions on this interview will not be identifiable, as they will be grouped with the answers of over 5,000 other people. No individual names or other identifying information will be used at any time in this report or any other reports concerning this study. All responses will be treated as strictly confidential. Your responses will be stored at Opinion Research Corporation, and will be destroyed after the study has been completed.

2
A2 (H)

A. PERSONAL EXPERIENCE WITH NUTRITION PROGRAM

HA1. How often is a hot meal delivered to your home by (USE NAME OF NUTRITION SITE)?

1 MONDAY-FRIDAY (EVERY DAY) → GO TO Q.HA4a
2 FOUR TIMES A WEEK
3 THREE TIMES A WEEK
4 TWO TIMES A WEEK
5 ONCE A WEEK
6 TWO TO THREE TIMES A MONTH
7 MONTHLY
8 LESS OFTEN THAN MONTHLY
9 DON'T KNOW OR CAN'T SAY
0 OTHER (SPECIFY): _____

IF LESS THAN FIVE TIMES A WEEK, ASK:

HA2. Do you receive hot meals from (LOCAL NUTRITION SITE) less than five days a week because you prefer it that way or because meals cannot be delivered to you five days a week?

1 PREFER IT THAT WAY
2 MEALS CANNOT BE DELIVERED
3 BOTH (ASK Q.HA3a and Q.HA3b)
4 DON'T KNOW OR CAN'T SAY → GO TO Q.HA4a

IF "PREFER IT THAT WAY," ASK:

HA3a. Why do you prefer to receive hot meals from (SITE) less than five times a week?

IF "MEALS CANNOT BE DELIVERED," ASK:

HA3b. Why can't meals be delivered to you five times a week?

HA4a. Do you plan to continue to receive hot meals from (SITE)?

1 YES
2 MAYBE
→ GO TO Q.HA5

3 NO
4 DON'T KNOW → GO TO Q.HA5

IF "NO" ON Q.HA4a, ASK:

HA4b. Why is that?

HA5. Thinking back, when was the first time you received a hot meal at home from (SITE)? (How long ago was that?)

1 WITHIN PAST WEEK
2 WITHIN PAST MONTH
3 WITHIN PAST THREE MONTHS
4 WITHIN PAST SIX MONTHS
5 WITHIN PAST YEAR
6 LONGER THAN A YEAR AGO
7 DON'T KNOW

HA6. How did you first hear about this hot meal program?

1 SOME PERSON TOLD ME
2 NEWSPAPER OR TV
3 POSTERS, SOMETHING IN MAIL
4 ANNOUNCEMENT IN CLUB OR CHURCH
5 REFERRED BY SOME SOCIAL AGENCY (POLICE, HOSPITAL, ETC.)
6 DON'T KNOW

HA7a. Do you ever go to the the hot meal site now?

1 YES → GO TO Q.HA8
2 NO

IF "NO," ASK:

HA7b. Did you ever go regularly to the hot meal site?

1 YES
2 NO → GO TO Q.HA8

IF "YES," ASK:

HA7c. (Do you) (Did you) have a lot of trouble getting to the site, some trouble, a little trouble, or no trouble at all?

1 A LOT OF TROUBLE
2 SOME TROUBLE
3 A LITTLE TROUBLE
4 NO TROUBLE → GO TO HA8
5 DON'T KNOW → GO TO HA8

IF 1, 2, OR 3, ASK:

HA7d. What kind of trouble (do you) (did you) have getting to the site?

HA8. Are you asked to make a donation, are you charged a fee, or is the home-delivered meal free?

1 DONATION
2 CHARGE
3 FREE
4 DON'T KNOW → GO TO SECTION B

IF "DONATION" OR "CHARGE" ON Q.HA8, ASK:

HA8a. Did you increase your contribution while you were in this program?

1 YES
2 NO

GO TO QUESTION HA9.

ge)
?

1 SET BY SITE
2 YOU DECIDE AMOUNT FOR YOURSELF → GO TO SECTION B
3 DON'T KNOW

IF "SET BY SITE," ASK:

HA10. Do you think the amount of money you are asked to pay is too much, too little, about right, or should the meal be free?

1 TOO MUCH
2 TOO LITTLE
3 ABOUT RIGHT
4 MEAL SHOULD BE FREE
5 NO OPINION
6 DON'T KNOW

B. PERSONAL EVALUATION OF NUTRITION PROGRAM

HB1. What do you like most about the hot meal service at home -- the meal, the people who deliver it, or what?

1 MEAL
2 PEOPLE WHO DELIVER IT
3 OTHER (SPECIFY): _____
4 DON'T KNOW

HB2. Do you get enough to eat from your hot meal? Would you say always, sometimes, rarely, or never?

1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

HB3. Does the meal usually taste good?

1 YES
2 NO
3 DON'T KNOW

HB4. Does it save you a lot of money, some money, a little money, or no money to receive hot meals, or does it cost you money?

1 SAVE A LOT
2 SAVE SOME
3 SAVE A LITTLE
4 SAVE NOTHING
5 COSTS MONEY
6 DON'T KNOW

HB5. Have/Did the people at the site ever offer to go with you to help you do your grocery shopping, or not?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.HB8

IF "YES," ASK:

HB6. How often is/was this shopping assistance offered? Was it more than once a week, once a week, once every two weeks, once a month, or less than once a month?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE EVERY TWO WEEKS
4 ONCE A MONTH
5 LESS THAN ONCE A MONTH
6 DON'T KNOW

HB7. Do/did you usually use this assistance whenever it was offered, only occasionally, or have you never used it?

1 WHENEVER OFFERED
2 ONLY OCCASIONALLY
3 NEVER USED
4 DON'T KNOW

HB8. Does the site ever help people get medical examinations, treatments, or medicines?

1 YES
2 NO
3 DON'T KNOW → GO TO SECTION C

IF "YES," ASK:

HB9. Have you ever used this service?

1 YES
2 NO

C. PERSONAL MOBILITY

HC1. Altogether, about how many times a week do you get out of your house (apartment) to run errands, visit, or just walk? Would you say you get out nearly every day, every other day, once or twice a week, or less than once a week?

1 NEARLY EVERY DAY
2 EVERY OTHER DAY
3 ONCE OR TWICE A WEEK
4 LESS THAN ONCE A WEEK
5 OTHER (SPECIFY):_____
_____
6 DON'T KNOW

HC2. Do you dress yourself every day, including putting on your shoes?

1 YES
2 NO
3 DON'T KNOW

HC3. Can you clean and maintain your house or apartment yourself?

1 YES
2 NO
3 DON'T KNOW

HC4. Can you go out of doors . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

HC5. Can you walk up and down stairs . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

HC6. Can you get about the house . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

HC7. Can you wash and bathe yourself . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

HC8. Can you dress yourself and put on shoes . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

HC9. Can you cut your own toenails . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

D. HEALTH

HD1. How many times have you seen a doctor for any reason during the past year? _____TIMES

HD2. How many of these times were for a check-up or physical examination? _____TIMES

HD3. During the past year, how much time altogether were you in bed all or most of the day because of illness or a health condition?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

HD4. How many days, in the past year, were spent in a hospital or nursing home?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

HD5. Do you use any of the following aids regularly? (CIRCLE "YES" OR "NO" FOR EACH AID.)

	YES	NO
Cane (including tripod-tip cane)	1	2
Walker or crutches	1	2
Wheelchair	1	2
Brace	1	2
Hearing aid	1	2
Other (SPECIFY):_____	1	2

HD6. How is your eyesight -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

HD7. How is your hearing -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

HD8. Do you have difficulty chewing food, or not?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.HD10

IF "YES," ASK:
HD9. Are there some foods that you just can't eat because you can't chew them?
1 YES
2 NO
3 DON'T KNOW

HD10. Do you smoke cigarettes?
1 YES
2 NO
3 DON'T KNOW

HD11a. Do you drink alcoholic beverages?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.HD12

IF "YES," ASK:
HD11b. Have you ever had a problem with your health because of your drinking, or been advised by a physician to cut down on your drinking?
1 YES
2 NO
3 DON'T KNOW

HD12. How would you rate your health generally at the present time -- excellent, good, average, fair, or poor?
1 EXCELLENT
2 GOOD
3 AVERAGE
4 FAIR
5 POOR
6 CAN'T SAY/DON'T KNOW

HD13. Is your health generally better now, about the same, or worse than it was last year?
1 BETTER
2 ABOUT THE SAME
3 WORSE
4 CAN'T SAY/DON'T KNOW

HD14. Do you ever receive information about health care payments or insurance matters through the hot meal site?
1 YES
2 NO
3 DON'T KNOW

HD15. What is your height? ☐ FEET ☐☐ INCHES

HD16. What is your weight? ☐☐☐ POUNDS

HD17. Have you gained or lost weight during the past year, or have you stayed the same?
1 GAINED
2 LOST
3 SAME
4 DON'T KNOW → GO TO SECTION E

IF GAINED OR LOST WEIGHT, ASK:
HD18. How many pounds have you (gained or lost) during the past year?
☐☐☐ POUNDS

E. EATING HABITS

Now, I'd like to ask you a few questions about the meals you eat at home.

HE1. When you eat at home, do you normally eat by yourself or with other people?

1 BY SELF
2 WITH OTHERS
3 DON'T KNOW

HE2. Do you have hot meals at home other than delivered by (SITE)?

1 YES
2 NO
3 DON'T KNOW

HE4. Do you normally prepare some of your meals yourself, or do you help someone else, cook or don't you cook at all?

1 PREPARE OWN MEALS → GO TO Q.HE6
2 HELP SOMEONE ELSE COOK
3 DON'T COOK
4 DON'T KNOW

IF 2, 3, OR OR 4 ON Q.HE4, ASK:

HE5. Can you prepare hot meals for yourself if you need to?

1 YES
2 NO
3 DON'T KNOW

HE6. How often do you invite friends or relatives to have lunch or dinner with you -- often, sometimes, rarely, or never?

1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

HE7. Do you ever try out new kinds of food or recipes that you have never tasted before?

1 YES
2 NO
3 DON'T KNOW

HE8. Do you usually enjoy eating, enjoy it some of the time, or do you just eat because you have to?

1 USUALLY ENJOY
2 SOMETIMES ENJOY
3 EAT OUT OF NECESSITY
4 NO OPINION
5 DON'T KNOW

HE9. Do you feel you generally eat very nutritious meals, fairly nutritious meals, or not too nutritious meals?

1 VERY NUTRITIOUS
2 FAIRLY NUTRITIOUS
3 NOT TOO NUTRITIOUS
4 NO OPINION
5 DON'T KNOW

HE10. Do you take a vitamin or mineral supplement?

1 YES
2 NO → SKIP TO Q.HE13

IF "YES," ASK:

HE11. Which do you take? (READ RESPONSES)

1 MULTI-VITAMIN
2 MULTI-VITAMIN AND MINERAL
3 MULTI-VITAMIN AND IRON
4 MINERAL ONLY
5 IRON ONLY
6 INDIVIDUAL VITAMIN
7 DON'T KNOW

HE12. Do you take this regularly?

1 YES
2 NO

HAND RESPONDENT CARD A

HE13. Now, I'd like to know about the food you have in your house right now. Which of these kinds of food do you have in your house now? (GO OVER CARD WITH RESPONDENT.)

1 FRUIT
2 GREEN VEGETABLES
3 OTHER VEGETABLES
4 MEATS
5 FISH
6 STARCHES
7 MILK PRODUCTS
8 EGGS
9 DESSERTS
10 BAKED GOODS
11 CONDIMENTS
12 STAPLES
13 "T.V. DINNERS"
14 PET FOOD
15 SOUPS
16 BEVERAGES
17 ALCOHOLOIC BEVERAGES
18 SNACKS
19 OTHER (SPECIFY): _____

_____

20 DON'T KNOW

TAKE BACK CARD A

F. PSYCHOLOGICAL WELL-BEING

HF1. Would you say that overall you're in an unusually good mood today, an average mood, or do you feel particularly badly today?

1 GOOD
2 AVERAGE
3 BAD

HF2. Is there something in particular that you are looking forward to doing next week?

1 YES
2 NO → GO TO Q.HF4

IF "YES," ASK:

HF3. What is it that you are looking forward to doing?

HF4. About how many close friends would you say you have in your immediate neighborhood -- friends who you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

HF5. And how many close friends would you say you have outside your immediate neighborhood -- again, we're asking about people you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

HF6. On the subject of friends, would you say that you have too many, just the right number, or too few?

1 TOO MANY
2 JUST RIGHT
3 TOO FEW

HF7. If you wanted to confide in someone or discuss something important with someone, with whom would you want to talk?

1 SPOUSE
2 SON (IN-LAW)
3 DAUGHTER (IN-LAW)
4 OTHER RELATIVE (SPECIFY): _____
5 NEIGHBOR
6 FRIEND
7 OTHER (SPECIFY): _____
8 NO ONE

HF8. If you got sick and needed someone to help you for a long period of time, is there someone you could ask for help?

1 YES
2 NO

HF9. During the past few weeks, have you felt (ITEM) often, sometimes, rarely, or never?

		OFTEN	SOME-TIMES	RARELY	NEVER	NO OPINION
a)	Pleased about having accomplished something	1	2	3	4	5
b)	Bored	1	2	3	4	5
c)	Particularly excited or interested in something	1	2	3	4	5
d)	Upset because someone criticized you	1	2	3	4	5
e)	Depressed or very unhappy	1	2	3	4	5
f)	Proud because someone had complimented you on something you had done	1	2	3	4	5
g)	So restless that you couldn't sit long in a chair	1	2	3	4	5
h)	Lonely or remote from other people	1	2	3	4	5
i)	Pleased that things were going your way	1	2	3	4	5
j)	On top of the world	1	2	3	4	5

G. SOCIAL LIFE

HG1. How often do you attend religious services?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE OR TWICE A MONTH
4 LESS THAN ONCE A MONTH
5 RARELY
6 NEVER → GO TO Q.HG6

IF ATTEND SERVICES AT ALL ON Q.HG1, ASK:

HG2. Do you sing in the choir or actively volunteer to help at church or synagogue functions?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.HG4

IF "YES," ASK:

HG3. Did you do this before you started receiving meals at home?

1 YES
2 NO
3 DON'T KNOW

HG4. Thinking of all your friends, would you say most of your friends go to the same church or synagogue as you, some of your friends go to the same church or synagogue, or almost none of your friends go to the same church or synagogue?

1 MOST GO TO SAME CHURCH OR SYNAGOGUE
2 SOME GO TO SAME CHURCH OR SYNAGOGUE
3 ALMOST NONE GO TO SAME CHURCH OR SYNAGOGUE
4 DON'T KNOW → GO TO Q.HG6
5 HAVE NO FRIENDS → GO TO Q.HG6

IF FRIENDS GO TO SAME CHURCH OR SYNOGOGUE AT ALL, ASK:

HG5a. Did you hear about the home-delivered meal program from a person who goes to your church or synagogue?

1 YES
2 NO
3 DON'T KNOW

HG6. Aside from church or synagogue activities, do you belong to any clubs, lodges, or other organizations?

1 YES
2 NO → SKIP TO Q.HG8
3 DON'T KNOW → SKIP TO Q.HG8

IF "YES," ASK:

HG7. Have you attended at least one meeting of a club, lodge, or other organization?

	YES	NO	DON'T KNOW
a. During the past week	1	2	3
b. During the past two weeks	1	2	3
c. During the past month	1	2	3
d. During the past 3 months	1	2	3
e. During the past 6 months	1	2	3
f. During the past year	1	2	3

HG8. How many living children do you have?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE → SKIP TO SECTION H

IF ANY NUMBER GIVEN ON Q.HG8, ASK:

HG9. How long ago did you last see any of them?

1 TODAY
2 WITHIN 2-3 DAYS
3 DURING THE PAST WEEK
4 DURING THE PAST TWO WEEKS
5 DURING THE PAST MONTH
6 DURING THE PAST THREE MONTHS
7 DURING THE PAST SIX MONTHS
8 DURING THE PAST YEAR
9 ONE-TO-TWO YEARS AGO
10 HARDLY EVER
11 NEVER

HG10. How many live close enough, so that you can get together fairly easily, say less than 45 minutes from here?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE

H. INCOME SUFFICIENCY

HH1. About how much money do you spend each week on food for yourself and other members of your household?

$ [ ][ ][ ] (RECORD TO NEAREST DOLLAR)

98 DON'T KNOW

HH2. How well does the amount of money you have take care of your needs -- very well, fairly well, or poorly?

1 VERY WELL
2 FAIRLY WELL
3 POORLY
4 DON'T KNOW

HH3. Do you usually have enough money to buy those little "extras"; that is, some small luxuries?

1 YES
2 NO
3 DON'T KNOW

HH4. Do you support, or help support, anyone besides yourself?

1 YES
2 NO
3 DON'T KNOW

I. DEMOGRAPHICS

HI1. First, are you currently married, divorced, separated, or widowed, or have you never been married?

1 MARRIED
2 DIVORCED
3 SEPARATED
4 WIDOWED
5 NEVER MARRIED

HI2. At any time during the last ten years, were you ever working full-time, that is, at least 30 hours a week?

1 YES
2 NO
3 DON'T KNOW

HI3. Do you own or rent your home at this address?

1 OWN HOME
2 RENT HOME
3 OWN CO-OP APARTMENT OR CONDOMINIUM
4 RENT APARTMENT
5 NEITHER OWN NOR RENT
6 DON'T KNOW

HI4. Do you live here alone, or does someone live with you?

1 ALONE
2 WITH SOMEONE

HI5. Would you tell me how old you are?

[ ][ ][ ] YEARS
998 REFUSED (IF REFUSED, CIRCLE 998 AND RECORD ESTIMATE BASED ON APPEARANCE, ATTITUDE, AND RELATED RESPONSE)

HAND RESPONDENT CARD B

HI6. Using this card as a guide, please tell me the amount of your education. Just read me the number, please.

1 NO FORMAL EDUCATION
2 FIRST OR SECOND GRADE
3 THIRD OR FOURTH GRADE
4 FIFTH OR SIXTH GRADE
5 SEVENTH GRADE
6 EIGHTH GRADE
7 NINTH GRADE
8 TENTH OR ELEVENTH GRADE
9 HIGH SCHOOL COMPLETE (12TH GRADE)
10 SOME COLLEGE
11 COLLEGE COMPLETE OR MORE
12 DON'T KNOW

TAKE BACK CARD B

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I2 (H)

HI7a. Is your mother still alive?

1 YES → GO TO Q.HI8a
2 NO
3 DON'T KNOW → GO TO Q.HI8a

IF "NO," ASK:
HI7b. How old was she when she died? ☐☐☐ YEARS

HI8a. Is your father still alive?

1 YES → GO TO Q.HI9
2 NO
3 DON'T KNOW → GO TO Q.HI9

IF "NO," ASK:
HI8b. How old was he when he died? ☐☐☐ YEARS

HAND RESPONDENT CARD C

HI9. For statistical purposes, we need to know your family income for 1981. Please give me the letter that covers your total family income for 1981, before taxes. Include your own income and that of any members of your immediate family who are living with you. Just give me the letter.

1	A.	UNDER $2,000 A YEAR	1
2	B.	$2,000 - $3,999	2
3	C.	$4,000 - $5,999	3
4	D.	$6,000 - $9,999	4
5	E.	$10,000 - $13,999	5
6	F.	$14,000 - $17,999	6
7	G.	$18,000 - $21,999	7
8	H.	$22,000 AND OVER	8
9	DON'T KNOW/REFUSED		

IF "DON'T KNOW" OR "REFUSED," ESTIMATE AND RECORD HERE ____

TAKE BACK CARD C

HI10. Are you or your spouse now using food stamps to buy any of your food?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

HI11. Are you or your spouse now receiving any benefits from Medicaid?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

IF RESPONDENT RENTS A HOME OR APARTMENT (2 OR 4 ON Q.HI3), ASK:

HI12. Do you receive rent assistance, either in the form of money or as lower rent?

1 MONEY
2 LOWER RENT
3 OTHER (SPECIFY): _____
4 NO
5 DON'T KNOW

J. FRIEND/RELATIVE LOCATION

If we ever want to reinterview you in the future, could you please tell me the name, address, and telephone number of someone who will know where you are in case you should happen to move?

X REFUSED

NAME: _____

ADDRESS: _____

_____

_____

_____

TELEPHONE: (_____) _____
Area Code Number

K. 24-HOUR RECALL

Now, for the next part of this interview, I would like to know what you ate yesterday. I'd like you to tell me exactly what you had to eat and drink yesterday.

If you are having trouble remembering what you ate, try to think about what you did yesterday. Often this will help you remember what you ate. Think about the very first thing you did yesterday after you got up, then the second thing, etc., until you had something to eat.

INTERVIEWER: FOR EACH FOOD EATEN BY RESPONDENT, FIND THAT FOOD OR FOOD GROUP ON THE FOLLOWING LIST. EACH FOOD HAS A SPECIFIC UNIT SIZE LISTED WITH IT.

ON THE LINES BY THE FOODS, UNDER THE HEADING "NUMBER OF UNITS," RECORD THIS INFORMATION. FOR INSTANCE, IF THE RESPONDENT HAD AN 8 OZ. GLASS OF MILK FOR BREAKFAST, AN "8" WOULD BE RECORDED ON THE APPROPRIATE LINE. HALF AND QUARTER UNITS MAY ALSO BE RECORDED.

THE COLUMN FOR RECORDING NUMBER OF UNITS HAS THREE SECTIONS. THE FIRST IS FOR ALL FOOD, INCLUDING MEALS AND SNACKS, EATEN FROM MIDNIGHT UNTIL 11 A.M. THE SECOND IS FOR FOOD EATEN BETWEEN 11 A.M. AND 4 P.M. THE THIRD IS FOR ALL FOOD EATEN AFTER 4 P.M.

IT MAY BE NECESSARY TO HELP THE RESPONDENT REMEMBER WHAT HE/SHE HAD TO EAT BY GENTLE, PROBING QUESTIONS ABOUT THEIR OTHER ACTIVITIES.

QUESTIONS LIKE THESE MAY HELP THE RESPONDENT REMEMBER BETTER.

"Did you do any work around the house?"

"Did you go somewhere yesterday?"

"Did you watch any TV programs?"

"Did you visit with neighbors or friends?"

IF NECESSARY, YOU MAY ALSO SUGGEST VARIOUS FOODS WHICH ARE OFTEN EATEN AT DIFFERENT MEALS.

CONSULT THE INTERVIEWER'S MANUAL FOR ANSWERS TO ANY QUESTIONS YOU MAY HAVE IN COMPLETING THIS FORM CORRECTLY.

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
1. MILK AND DAIRY				
0104 Buttermilk	1 ounce			
0107 Cheese (cheddar, Swiss, American, cheese spreads)	1 ounce			
0106 Chocolate Milk	1 ounce			
0108 Cottage Cheese	1 cup			
0105 Malted Milk	1 ounce			
0102 Skim Milk	1 ounce			
0203 2% Milk	1 ounce			
0101 Whole Milk	1 ounce			
2. BUTTER, CREAM, DRESSINGS AND FATS				
0203 Artificial Whipped Cream	1 tbsp.			
0201 Butter or Margarine	1 pat/1 tsp.			
0205 Cheese Sauce	1 tbsp.			
0204 Coffee Lightener	1 tbsp.			
0202 Cream (coffee or whipping)	1 tbsp.			
0206 Cream Sauce	1 tbsp.			
0209 Fat (Cooking/Frying)	1 tbsp.			
0210 Gravy (Meat)	1 tbsp.			
0208 Mayonnaise, Salad Dressing	1 tbsp.			
0207 Oil & Vinegar Dressing (French, Italian?	1 tbsp.			
3. EGGS				
0301 Eggs	1 egg			

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K2 (H)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
4. MEATS, POULTRY, FISH, AND SEAFOOD				
0403 Beef (hamburger,meat loaf,roast,steak,corned or dried	1 ounce			
0409 Crabs	1 ounce			
0404 Fish or Seafood	1 ounce			
0405 Fish Sticks	1 stick			
0407 Liver (beef, pork, chicken, calf)	1 ounce			
0401 Pork (ham, chops, roast, steak)	1 ounce			
0402 Pork ribs	1 ounce			
0408 Shellfish	1 ounce			
0406 Other Meats (chicken, turkey, veal, lamb, game meats)	1 ounce			
5. MEAT PRODUCTS				
0501 Bacon	1 slice			
0503 Frankfurters, Wiener, or Bratwurst	1 link			
0504 Luncheon Meats (bologna, salami, sandwich meats)	1 slice			
0502 Pork Sausage (1 pattie = 2 links)	1 link			
6. MIXED DISHES WITH MEAT				
0602 Chicken a la king, Cream chicken, Chicken croquettes, Chicken pot pie	1 cup			
0603 Chile Con Carne, Tacos, Tamales	1 cup			
0604 Meat Stew	1 cup			
0605 Pizza with Meat	1 slice			
0601 Spaghetti with Meat Sauce, or Meat Balls, Lasagna, Ravioli	1 cup			
Other (SPECIFY): _____	1 cup			
_____	1 cup			
_____	1 cup			
_____	1 cup			

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
7.	NON-MEAT MIXED DISHES				
0704	Cheese Fondue	1 cup			
0703	Cheese Rarebit on Toast	1 cup			
0701	Macaroni and Cheese	1 cup			
0702	Pizza without Meat	1 slice			
	Other (SPECIFY): _____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
8.	NUTS				
0801	Nuts	1 cup			
0802	Peanut Butter	1 tbsp.			
9.	POTATOES, RICE, AND PASTA				
0903	French Fries	10 pieces			
0904	Mashed Potatoes	1 cup			
0906	Pasta (all varieties)	1 cup			
0901	Potatoes (baked, fried, boiled)	1 med. potato			
0905	Rice (cooked, all varieties)	1 cup			
0902	Sweet Potato	1 med. potato			
10.	SOUPS				
1004	Cream Soup	1 ounce			
1002	Pea or Bean Soup	1 ounce			
1001	Tomato Soup	1 ounce			
1003	Vegetable Soup	1 ounce			

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K4 (H)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
11. VEGETABLES				
1112 Asparagus	1 cup			
1108 Beans (green or wax)	1 cup			
1110 Beans or Peas (cooked, dry)	1 cup			
1115 Beets	1 cup			
1101 Broccoli	1 cup			
1105 Cabbage	1 cup			
1103 Carrots	1 cup			
1106 Cauliflower	1 cup			
1116 Corn	1 cup			
1113 Greens (Kale, Collards, or Turnips)	1 cup			
1111 Onions	1 cup			
1109 Peas	1 cup			
1107 Peppers	1 cup			
1114 Spinach	1 cup			
1104 Squash (Winter)	1 cup			
1102 Tomatoes	1 cup			
12. SALADS				
1203 Cole Slaw	1 cup			
1201 Lettuce and Tomato	1 cup			
1202 Mixed Vegetables or Lettuce	1 cup			
1205 Potato Salad	1 cup			
1204 Waldorf	1 cup			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
13. FRUITS				
1308 Apple	1 fruit			
1309 Applesauce, Fruit Cocktail, Grapes, Pears, Pineapple	1 cup			
1303 Apricots, Peaches, Nectarines	1 cup			
1312 Banana	1 fruit			
1310 Blackberries, Raspberries, Blueberries	1 cup			
1302 Cantaloupe or Muskmelon	1 melon			
1304 Cherries, Plums, Prunes	1 cup			
1307 Grapefruit	1 fruit			
1306 Orange	1 fruit			
1311 Raisins, Dates	1 cup			
1305 Strawberries	1 cup			
1301 Watermelon	1 slice			
14. JUICES				
1402 Orange Juice, Grapefruit Juice	1 ounce			
1401 Tomato Juice	1 ounce			
1403 Vitamin C Fortified Drinks	1 ounce			
1404 Other Fruit Juices	1 ounce			

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
15.	**BREADS, ROLLS, CEREALS**				
1501	Bread (All kinds (except cornbread)	1 slice			
1507	Cereals, Cooked (oatmeal, cornmeal, cream of wheat, farina)	1 cup			
1504	Cereals, Highly Enriched (Total, Product 19)	1 cup			
1505	Cereals, Pre-sweetened dry	1 cup			
1506	Cereals, Other Dry (including granola)	1 cup			
1510	Crackers (plain or soda)	1 square			
1503	Danish Pastry or Donut	1 pastry			
1508	Pancakes	1 cake			
1502	Rolls, Buns, Biscuits, Muffins	1 roll			
1509	Waffles	1 waffle			
16.	**DESSERTS**				
1610	Baked fruit desserts	1 cup			
1601	Butter Cake (All flavors)	1 slice or 1 cupcake			
1604	Cheesecake	1 slice			
1613	Chocolate Sauce	1 tbsp.			
1605	Cookies (plain)	1 cookie			
1607	Cream pie	1 slice			
1608	Fruit pie	1 slice			
1606	Gelatin desserts	1 cup			
1614	Icing	1 tbsp.			
1612	Milk desserts (custard, junket, ice cream, yoghurt)	1 cup			
1603	Pound Cake	1 slice			
1611	Puddings (All flavors, bread or rice)	1 cup			
1609	Pumpkin pie	1 slice			
1602	Sponge, Angel, or Chiffon Cake	1 slice			

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
17.	SNACK FOODS				
1702	Corn Chips	10 pieces			
1701	Potato Chips	10 pieces			
18.	SWEETS				
1803	Chocolate candy & Peanut candy	1 ounce			
1802	Jellies, jam, marmalade, and honey	1 tbsp.			
1801	Sugar	1 tsp.			
1804	Other candy	1 ounce			
19.	BEVERAGES				
1903	Beer	1 ounce			
1902	Soft drinks	1 ounce			
1901	Soft drinks (Diet)	1 ounce			
1904	Wine	1 ounce			
1905	Other Alcoholic Drinks, Highballs	1 ounce			
20.	OTHER FOOD				
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	_____			
	_____	FILL IN UNITS			

31
K8 (H)

HK2. Do you taste while you cook?

1 YES
2 NO
3 DON'T COOK
4 DON'T KNOW

HK3. Was there anything special about yesterday that made you eat differently from the way you normally eat?

1 YES
2 NO → SKIP TO Q.HK5

IF "YES," ASK:

HK4. What was special about yesterday?

1 ILLNESS
2 DID NOT GET OUT
3 NO MONEY
4 NO FOOD AVAILABLE
5 FASTING
6 WEATHER
7 NO APPETITE
8 OTHER (SPECIFY):_____

_____

_____

HK5. Was a meal delivered to your home yesterday?

1 YES → END OF INTERVIEW
2 NO → ASK Q.HK6
3 DON'T KNOW → ASK Q.HK6

HK6. Did you eat at (LOCAL MEAL SITE) yesterday?

1 YES
2 NO
3 DON'T KNOW

TIME ENDED:_____

LENGTH OF INTERVIEW:_____MINUTES

L. INTERVIEWER'S OBSERVATIONS

DO NOT ASK RESPONDENT THESE QUESTIONS.

HL1. Day of week on which interview was completed?
1 SUNDAY 4 THURSDAY
2 TUESDAY 5 FRIDAY
3 WEDNESDAY 6 SATURDAY

HL2. Does the respondent seem realistically oriented as to time, place, and person?
1 YES
2 NO

HL3. Has the respondent been cooperative during the interview?
1 YES
2 NO

HL4. Did the respondent have any problems comprehending the interview questions?
1 YES
2 NO → GO TO Q.HL5

IF YES:
1 Language barrier _____
2 Handicap (SPECIFY): _____
3 Other (SPECIFY): _____

HL5. Does the respondent seem able to read?
1 YES → GO TO Q.HL6
2 NO
3 DON'T KNOW → GO TO Q.HL6

IF NO: HL5a. Is the reason . . .
1 POOR EYESIGHT
2 ILLITERACY
3 OTHER (SPECIFY):
_____
_____
4 NOT DETERMINED

HL6. Language in which interview was conducted: _____

HL7. Sex of respondent:
1 MALE
2 FEMALE

HL8. Race of respondent:
1 HISPANIC
2 AMERICAN INDIAN OR ALASKAN NATIVE
3 ASIAN OR PACIFIC ISLANDER
4 BLACK, NOT OF HISPANIC ORIGIN
5 WHITE, NOT OF HISPANIC ORIGIN

HL9. Is this person:
1 SPANISH-SPEAKING
2 NON-SPANISH-SPEAKING

HL10. Living standard level:
1 PROSPEROUS
2 UPPER MIDDLE
3 MIDDLE
4 LOWER

INTERVIEWER: FILL OUT FROM PERSONAL OBSERVATION. CIRCLE THE NUMBER WHICH BEST DESCRIBES THE TYPE OF DWELLING, ITS AGE, AND THE AREA IN WHICH IT IS LOCATED.

HL11. TYPE OF DWELLING:
1 APARTMENT (3 STORIES OR MORE)
2 GARDEN APARTMENT (ONE OR 2 STORIES)
3 MULTIPLE FAMILY DWELLING ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
4 MULTIPLE FAMILY DWELLING DETACHED (DUPLEX, DOUBLE HOUSE, RESIDENTIAL HOUSE WITH MORE THAN ONE FAMILY IN IT)
5 SINGLE FAMILY ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
6 SINGLE FAMILY DETACHED (RESIDENTIAL HOUSE, HOUSE TRAILERS, HOUSES WITH YARDS)

HL12. AGE OF DWELLING:
1 BUILT DURING 1960 TO THE PRESENT
2 1950 - 1959
3 1940 - 1949
4 1930 - 1939
5 1920 - 1929
6 BUILT PRIOR TO 1920

HL13. TYPE OF AREA:
1 CENTER OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
2 RESIDENTIAL AREA WITHIN THE CITY LIMITS OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
3 MODERATE SIZED CITY (SELF-CONTAINED)
4 NEW SUBURB (PRIMARILY BUILT SINCE WORLD WAR II)
5 OLD SUBURB (PRIMARILY BUILT BEFORE WORLD WAR II)
6 SMALL TOWN
7 RURAL

HL14. Can respondent converse in English?
1 YES
2 NO
3 NOT DETERMINED

HL15. Does respondent read any English?
1 YES
2 NO
3 NOT DETERMINED

HL16. Indicate below all persons other than respondent who were present during interview, their relationship to respondent, and their participation in the interview (including influencing the respondent's answers in any way).

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L3 (H)

HL17. Indicate anything else about the interview, respondent, or situation that you feel is significant.

I certify that this is a complete and honest interview taken in accordance with my instructions. Furthermore, I promise to maintain the responses in strictest confidentiality.

Signed: _____

Date: _____

Location: _____
CITY STATE

OMB NO: 090-0123
Approval Expires:
September 30, 1982

Nutrition Program for the Elderly
Longitudinal Evaluation
Non-Participant Questiionnaire

A. PERSONAL EXPERIENCE WITH NUTRITION PROGRAM

A13. Are you on a waiting list for a hot meal program such as this?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.A20

IF "YES," ASK:

A14. How did you first hear about this hot meal program?

1 SOME PERSON TOLD ME
2 NEWSPAPER OR TV
3 POSTERS, SOMETHING IN MAIL
4 ANNOUNCEMENT IN CLUB OR CHURCH
5 REFERRED BY SOME SOCIAL AGENCY (POLICE, HOSPITAL, ETC.)
6 DON'T KNOW

→ GO TO SECTION C

IF "SOME PERSON," ASK:

A15. Was this person someone you know very well, someone you know a little, someone you never met before, or a close realtive?

1 KNOW VERY WELL
2 KNOW A LITTLE
3 NEVER MET BEFORE
4 CLOSE RELATIVE
5 DON'T KNOW

A16. Where were you when this person told you about the program?

1 HOME
2 CHURCH
3 SENIOR CENTER
4 OTHER (SPECIFY):_____
5 DON'T KNOW

A17. Was this person someone who usually eats at the meal site?

1 YES
2 NO
3 DON'T KNOW

A18. Did this person actually take you or go with you to the meal site?

1 YES
2 NO
3 DON'T KNOW

A19. Was this person a man or a woman?

1 MAN
2 WOMAN
3 DON'T KNOW

IF "NO" OR "DON'T KNOW" ON Q.A13, ASK:

A20. Would you be interested in joining such a program?

1 YES
2 NO
3 DON'T KNOW

2
C1 (N)

C. PERSONAL MOBILITY

C1. Altogether, about how many times a week do you get out of your house (apartment) to run errands, visit, or just walk? Would you say you get out nearly every day, every other day, once or twice a week, or less than once a week?

1 NEARLY EVERY DAY
2 EVERY OTHER DAY
3 ONCE OR TWICE A WEEK
4 LESS THAN ONCE A WEEK
5 OTHER (SPECIFY):_____
_____
6 DON'T KNOW

C2. Do you dress yourself every day, including putting on your shoes?

1 YES
2 NO
3 DON'T KNOW

C3. Can you clean and maintain your house or apartment yourself?

1 YES
2 NO
3 DON'T KNOW

C4. Can you go out of doors . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C5. Can you walk up and down stairs . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C6. Can you get about the house . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C7. Can you wash and bathe yourself . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C8. Can you dress yourself and put on shoes . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C9. Can you cut your own toenails . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

D. HEALTH

D1. How many times have you seen a doctor for any reason during the past year? _____TIMES

D2. How many of these times were for a check-up or physical examination? _____TIMES

D3. During the past year, how much time altogether were you in bed all or most of the day because of illness or a health condition?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D4. How many days, in the past year, were spent in a hospital or nursing home?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D5. Do you use any of the following aids regularly? (CIRCLE "YES" OR "NO" FOR EACH AID.)

	YES	NO
Cane (including tripod-tip cane)	1	2
Walker or crutches	1	2
Wheelchair	1	2
Brace	1	2
Hearing aid	1	2
Other (SPECIFY): _____	1	2

D6. How is your eyesight -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D7. How is your hearing -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D8. Do you have difficulty chewing food, or not?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.D10

IF "YES," ASK:

D9. Are there some foods that you just can't eat because you can't chew them?

1 YES
2 NO
3 DON'T KNOW

D10. Do you smoke cigarettes?

1 YES
2 NO
3 DON'T KNOW

D11a. Do you drink alcoholic beverages?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.D12

IF "YES," ASK:

D11b. Have you ever had a problem with your health because of your drinking, or been advised by a physician to cut down on your drinking?

1 YES
2 NO
3 DON'T KNOW

D12. How would you rate your health generally at the present time -- excellent, good, average, fair, or poor?

1 EXCELLENT
2 GOOD
3 AVERAGE
4 FAIR
5 POOR
6 CAN'T SAY/DON'T KNOW

D13. Is your health generally better now, about the same, or worse than it was last year?

1 BETTER
2 ABOUT THE SAME
3 WORSE
4 CAN'T SAY/DON'T KNOW

D15. What is your height?

[ ] FEET [ ][ ] INCHES

D16. What is your weight?

[ ][ ][ ] POUNDS

D17. Have you gained or lost weight during the past year, or have you stayed the same?

1 GAINED
2 LOST
3 SAME → GO TO SECTION E
4 DON'T KNOW → GO TO SECTION E

IF GAINED OR LOST WEIGHT, ASK:

D18. How many pounds have you (gained or lost) during the past year?

[ ][ ][ ] POUNDS

E. EATING HABITS

Now, I'd like to ask you a few questions about the meals you eat at home.

E1. When you eat at home, do you normally eat by yourself or with other people?
1 BY SELF
2 WITH OTHERS
3 DON'T KNOW

E2. Do you have hot meals at home?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.E4

IF "YES," ASK:
E3. Do you have hot meals daily, several times a week, once a week, or less often than once a week?
1 DAILY
2 SEVERAL TIMES A WEEK
3 ONCE A WEEK
4 LESS THAN ONCE A WEEK
5 DON'T KNOW

E4. Do you normally prepare your meals yourself, or do you help someone else cook, or don't you cook at all?
1 PREPARE OWN MEALS → GO TO Q.E6
2 HELP SOMEONE ELSE COOK
3 DON'T COOK
4 DON'T KNOW

IF 2, 3, OR 4 ON Q.E4, ASK:
E5. Can you prepare hot meals for yourself if you need to?
1 YES
2 NO
3 DON'T KNOW

E6. How often do you invite friends or relatives to have lunch or dinner with you -- often, sometimes, rarely, or never?
1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

E7. Do you ever try out new kinds of food or recipes that you have never tasted before?
1 YES
2 NO
3 DON'T KNOW

E8. Do you usually enjoy eating, enjoy it some of the time, or do you just eat because you have to?
1 USUALLY ENJOY
2 SOMETIMES ENJOY
3 EAT OUT OF NECESSITY
4 NO OPINION
5 DON'T KNOW

E9. Do you feel you generally eat very nutritious meals, fairly nutritious meals, or not too nutritious meals?
1 VERY NUTRITIOUS
2 FAIRLY NUTRITIOUS
3 NOT TOO NUTRITIOUS
4 NO OPINION
5 DON'T KNOW

6
E2 (N)

E10. Do you take a vitamin or mineral supplement?

1 YES
2 NO → SKIP TO Q.E13

IF "YES," ASK:

E11. Which do you take? (READ RESPONSES)

1 MULTI-VITAMIN
2 MULTI-VITAMIN AND MINERAL
3 MULTI-VITAMIN AND IRON
4 MINERAL ONLY
5 IRON ONLY
6 INDIVIDUAL VITAMIN
7 DON'T KNOW

E12. Do you take this regularly?

1 YES
2 NO

HAND RESPONDENT CARD A

E13. Now, I'd like to know about the food you have in your house right now. Which of these kinds of food do you have in your house now? (GO OVER CARD WITH RESPONDENT.)

1 FRUIT
2 GREEN VEGETABLES
3 OTHER VEGETABLES
4 MEATS
5 FISH
6 STARCHES
7 MILK PRODUCTS
8 EGGS
9 DESSERTS
10 BAKED GOODS
11 CONDIMENTS
12 STAPLES
13 "T.V. DINNERS"
14 PET FOOD
15 SOUPS
16 BEVERAGES
17 ALCOHOLIC BEVERAGES
18 SNACKS
19 OTHER (SPECIFY): _____

_____

_____

20 DON'T KNOW

TAKE BACK CARD A

F. PSYCHOLOGICAL WELL-BEING

F1. Would you say that overall you're in an unusually good mood today, an average mood, or do you feel particularly badly today?

1 GOOD
2 AVERAGE
3 BAD

F2. Is there something in particular that you are looking forward to doing next week?

1 YES
2 NO → GO TO Q.F4

IF "YES," ASK:

F3. What is it that you are looking forward to doing?

F4. About how many close friends would you say you have in your immediate neighborhood -- friends who you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

F5. And how many close friends would you say you have outside your immediate neighborhood -- again, we're asking about people you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

F6. On the subject of friends, would you say that you have too many, just the right number, or too few?

1 TOO MANY
2 JUST RIGHT
3 TOO FEW

F7. If you wanted to confide in someone or discuss something important with someone, with whom would you want to talk?

1 SPOUSE
2 SON (IN-LAW)
3 DAUGHTER (IN-LAW)
4 OTHER RELATIVE (SPECIFY):
_____
5 NEIGHBOR
6 FRIEND
7 OTHER (SPECIFY):
_____
8 NO ONE

F8. If you got sick and needed someone to help you for a long period of time, is there someone you could ask for help?

1 YES
2 NO

8
F2 (N)

F3. During the past few weeks, have you felt (ITEM) often, sometimes, rarely, or never?

		OFTEN	SOME-TIMES	RARELY	NEVER	NO OPINION
a)	Pleased about having accomplished something	1	2	3	4	5
b)	Bored	1	2	3	4	5
c)	Particularly excited or interested in something	1	2	3	4	5
d)	Upset because someone criticized you	1	2	3	4	5
e)	Depressed or very unhappy	1	2	3	4	5
f)	Proud because someone had complimented you on something you had done	1	2	3	4	5
g)	So restless that you couldn't sit long in a chair	1	2	3	4	5
h)	Lonely or remote from other people	1	2	3	4	5
i)	Pleased that things were going your way	1	2	3	4	5
j)	On top of the world	1	2	3	4	5

G. SOCIAL LIFE

G1. How often do you attend religious services?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE OR TWICE A MONTH
4 LESS THAN ONCE A MONTH
5 RARELY
6 NEVER → GO TO Q.G6

IF ATTEND SERVICES AT ALL IN Q.G1, ASK:

G2. Do you sing in the choir or actively volunteer to help at church or synagogue functions?

1 YES
2 NO
3 DON'T KNOW

G4. Thinking of all your friends, would you say most of your friends go to the same church or synagogue as you, some of your friends go to the same church or synagogue, or almost none of your friends go to the same church or synagogue?

1 MOST GO TO SAME CHURCH OR SYNAGOGUE
2 SOME GO TO SAME CHURCH OR SYNAGOGUE
3 ALMOST NONE GO TO THE SAME CHURCH OR SYNAGOGUE
4 DON'T KNOW
5 HAVE NO FRIENDS

G6. Aside from church or synagogue activities, do you belong to any clubs, lodges, or other organizations?

1 YES
2 NO
3 DON'T KNOW
→ SKIP TO Q.G8

IF "YES," ASK:

G7. Have you attended at least one meeting of a club, lodge, or other organization?

	YES	NO	DON'T KNOW
a. During the past week	1	2	3
b. During the past two weeks	1	2	3
c. During the past month	1	2	3
d. During the past 3 months	1	2	3
e. During the past 6 months	1	2	3
f. During the past year	1	2	3

10
G2 (N)

G8. How many living children do you have?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE → SKIP TO SECTION H

IF ANY NUMBER GIVEN ON Q.G8, ASK:

G9. How long ago did you last see any of them?

1 TODAY
2 WITHIN 2-3 DAYS
3 DURING THE PAST WEEK
4 DURING THE PAST TWO WEEKS
5 DURING THE PAST MONTH
6 DURING THE PAST THREE MONTHS
7 DURING THE PAST SIX MONTHS
8 DURING THE PAST YEAR
9 ONE-TO-TWO YEARS AGO
10 HARDLY EVER
11 NEVER

G10. How many live close enough, so that you can get together fairly easily, say less than 45 minutes from here?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE

H. INCOME SUFFICIENCY

H1. About how much money do you spend each week on food for yourself and other members of your household?

$ ☐☐☐ (RECORD TO NEAREST DOLLAR)
98 DON'T KNOW

H2. How well does the amount of money you have take care of your needs -- very well, fairly well, or poorly?

1 VERY WELL
2 FAIRLY WELL
3 POORLY
4 DON'T KNOW

H3. Do you usually have enough money to buy those little "extras"; that is, some small luxuries?

1 YES
2 NO
3 DON'T KNOW

H4. Do you support, or help support, anyone besides yourself?

1 YES
2 NO
3 DON'T KNOW

12
I1 (N)

I. DEMOGRAPHICS

I1. First, are you currently married, divorced, separated, or widowed, or have you never been married?

1 MARRIED
2 DIVORCED
3 SEPARATED
4 WIDOWED
5 NEVER MARRIED

I2. At any time during the last ten years, were you ever working full-time, that is, at least 30 hours a week?

1 YES
2 NO
3 DON'T KNOW

I3. Do you own or rent your home at this address?

1 OWN HOME
2 RENT HOME
3 OWN CO-OP APARTMENT OR CONDOMINIUM
4 RENT APARTMENT
5 NEITHER OWN OR RENT
6 DON'T KNOW

I4. Do you live here alone, or does someone live with you?

1 ALONE
2 WITH SOMEONE

I5. Would you tell me how old you are?

[ ][ ][ ] YEARS
998 REFUSED (IF REFUSED, CIRCLE 998 AND RECORD ESTIMA BASED ON APPEARANCE, ATTITUDE, AND RELATED RESPONSES)

HAND RESPONDENT CARD B

I6. Using this card as a guide, please tell me the amount of your education. Just read me the number, please.

1 NO FORMAL EDUCATION
2 FIRST OR SECOND GRADE
3 THIRD OR FOURTH GRADE
4 FIFTH OR SIXTH GRADE
5 SEVENTH GRADE
6 EIGHTH GRADE
7 NINTH GRADE
8 TENTH OR ELEVENTH GRADE
9 HIGH SCHOOL COMPLETE (12TH GRADE)
10 SOME COLLEGE
11 COLLEGE COMPLETE OR MORE
12 DON'T KNOW

TAKE BACK CARD B

I7a. Is your mother still alive?

1 YES → GO TO Q.I8a
2 NO
3 DON'T KNOW → GO TO Q.I8a

IF "NO," ASK:
I7b. How old was she when she died? ☐☐☐ YEARS

I8a. Is your father still alive?

1 YES → GO TO Q.I9
2 NO
3 DON'T KNOW → GO TO Q.I9

IF "NO," ASK:
I8b. How old was he when he died? ☐☐☐ YEARS

HAND RESPONDENT CARD C

I9. For statistical purposes, we need to know your family income for 1981. Please give me the letter that covers your total family income for 1981, before taxes. Include your own income and that of any members of your immediate family who are living with you. Just give me the letter.

1	A.	UNDER $2,000 A YEAR	1
2	B.	$2,000 - $3,999	2
3	C.	$4,000 - $5,999	3
4	D.	$6,000 - $9,999	4
5	E.	$10,000 - $13,999	5
6	F.	$14,000 - $17,999	6
7	G.	$18,000 - $21,999	7
8	H.	$22,000 AND OVER	8
9	DON'T KNOW/REFUSED		

IF "DON'T KNOW" OR "REFUSED," ESTIMATE AND RECORD HERE ____

TAKE BACK CARD C

I10. Are you (or your spouse) now using food stamps to buy any of your food?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

I11. Are you (or your spouse) now receiving any benefits from Medicaid?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

IF RESPONDENT RENTS A HOME OR APARTMENT (2 OR 4 ON Q.I3), ASK:

I12. Do you receive rent assistance, either in the form of money or as lower rent?

1 MONEY
2 LOWER RENT
3 OTHER (SPECIFY): _____
4 NO
5 DON'T KNOW

14
J1 (N)

J. FRIEND/RELATIVE LOCATION

If we ever want to reinterview you in the future, could you please tell me the name, address, and telephone number of someone who will know where you are in case you should happen to move?

X REFUSED

NAME: _____

ADDRESS: _____

_____

_____

_____

TELEPHONE: (_____) _____
Area Code Number

K. 24-HOUR RECALL

Now, for the next part of this interview, I would like to know what you ate yesterday. I'd like you to tell me exactly what you had to eat and drink yesterday.

If you are having trouble remembering what you ate, try to think about what you did yesterday. Often this will help you remember what you ate. Think about the very first thing you did yesterday after you got up, then the second thing, etc., until you had something to eat.

INTERVIEWER: FOR EACH FOOD EATEN BY RESPONDENT, FIND THAT FOOD OR FOOD GROUP ON THE FOLLOWING LIST. EACH FOOD HAS A SPECIFIC UNIT SIZE LISTED WITH IT.

ON THE LINES BY THE FOODS, UNDER THE HEADING "NUMBER OF UNITS," RECORD THIS INFORMATION. FOR INSTANCE, IF THE RESPONDENT HAD AN 8 OZ. GLASS OF MILK FOR BREAKFAST, AN "8" WOULD BE RECORDED ON THE APPROPRIATE LINE. HALF AND QUARTER UNITS MAY ALSO BE RECORDED.

THE COLUMN FOR RECORDING NUMBER OF UNITS HAS THREE SECTIONS. THE FIRST IS FOR ALL FOOD, INCLUDING MEALS AND SNACKS, EATEN FROM MIDNIGHT UNTIL 11 A.M. THE SECOND IS FOR FOOD EATEN BETWEEN 11 A.M. AND 4 P.M. THE THIRD IS FOR ALL FOOD EATEN AFTER 4 P.M.

IT MAY BE NECESSARY TO HELP THE RESPONDENT REMEMBER WHAT HE/SHE HAD TO EAT BY GENTLE, PROBING QUESTIONS ABOUT THEIR OTHER ACTIVITIES.

QUESTIONS LIKE THESE MAY HELP THE RESPONDENT REMEMBER BETTER.

"Did you do any work around the house?"

"Did you go somewhere yesterday?"

"Did you watch any TV programs?"

"Did you visit with neighbors or friends?"

IF NECESSARY, YOU MAY ALSO SUGGEST VARIOUS FOODS WHICH ARE OFTEN EATEN AT DIFFERENT MEALS.

CONSULT THE INTERVIEWER'S MANUAL FOR ANSWERS TO ANY QUESTIONS YOU MAY HAVE IN COMPLETING THIS FORM CORRECTLY.

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
1.	MILK AND DAIRY				
0104	Buttermilk	1 ounce			
0107	Cheese (cheddar, Swiss, American, cheese spreads)	1 ounce			
0106	Chocolate Milk	1 ounce			
0108	Cottage Cheese	1 cup			
0105	Malted Milk	1 ounce			
0102	Skim Milk	1 ounce			
0203	2% Milk	1 ounce			
0101	Whole Milk	1 ounce			
2.	BUTTER, CREAM, DRESSINGS AND FATS				
0203	Artificial Whipped Cream	1 tbsp.			
0201	Butter or Margarine	1 pat/1 tsp.			
0205	Cheese Sauce	1 tbsp.			
0204	Coffee Lightener	1 tbsp.			
0202	Cream (coffee or whipping)	1 tbsp.			
0206	Cream Sauce	1 tbsp.			
0209	Fat (Cooking/Frying)	1 tbsp.			
0210	Gravy (Meat)	1 tbsp.			
0208	Mayonnaise, Salad Dressing	1 tbsp.			
0207	Oil & Vinegar Dressing (French, Italian?	1 tbsp.			
3.	EGGS				
0301	Eggs	1 egg			

17
K2 (N)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
4. MEATS, POULTRY, FISH, AND SEAFOOD				
0403 Beef (hamburger, meat loaf, roast, steak, corned or dried	1 ounce			
0409 Crabs	1 ounce			
0404 Fish or Seafood	1 ounce			
0405 Fish Sticks	1 stick			
0407 Liver (beef, pork, chicken, calf)	1 ounce			
0401 Pork (ham, chops, roast, steak)	1 ounce			
0402 Pork ribs	1 ounce			
0408 Shellfish	1 ounce			
0406 Other Meats (chicken, turkey, veal, lamb, game meats)	1 ounce			
5. MEAT PRODUCTS				
0501 Bacon	1 slice			
0503 Frankfurters, Wiener, or Bratwurst	1 link			
0504 Luncheon Meats (bologna, salami, sandwich meats)	1 slice			
0502 Pork Sausage (1 pattie = 2 links)	1 link			
6. MIXED DISHES WITH MEAT				
0602 Chicken a la king, Cream chicken, Chicken croquettes, Chicken pot pie	1 cup			
0603 Chile Con Carne, Tacos, Tamales	1 cup			
0604 Meat Stew	1 cup			
0605 Pizza with Meat	1 slice			
0601 Spaghetti with Meat Sauce, or Meat Balls, Lasagna, Ravioli	1 cup			
Other (SPECIFY): _____	1 cup			
_____	1 cup			
_____	1 cup			
_____	1 cup			

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
7.	NON-MEAT MIXED DISHES				
0704	Cheese Fondue	1 cup			
0703	Cheese Rarebit on Toast	1 cup			
0701	Macaroni and Cheese	1 cup			
0702	Pizza without Meat	1 slice			
	Other (SPECIFY): _____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
8.	NUTS				
0801	Nuts	1 cup			
0802	Peanut Butter	1 tbsp.			
9.	POTATOES, RICE, AND PASTA				
0903	French Fries	10 pieces			
0904	Mashed Potatoes	1 cup			
0906	Pasta (all varieties)	1 cup			
0901	Potatoes (baked, fried, boiled)	1 med. potato			
0905	Rice (cooked, all varieties)	1 cup			
0902	Sweet Potato	1 med. potato			
10.	SOUPS				
1004	Cream Soup	1 ounce			
1002	Pea or Bean Soup	1 ounce			
1001	Tomato Soup	1 ounce			
1003	Vegetable Soup	1 ounce			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
11. VEGETABLES				
1112 Asparagus	1 cup			
1108 Beans (green or wax)	1 cup			
1110 Beans or Peas (cooked, dry)	1 cup			
1115 Beets	1 cup			
1101 Broccoli	1 cup			
1105 Cabbage	1 cup			
1103 Carrots	1 cup			
1106 Cauliflower	1 cup			
1116 Corn	1 cup			
1113 Greens (Kale, Collards, or Turnips)	1 cup			
1111 Onions	1 cup			
1109 Peas	1 cup			
1107 Peppers	1 cup			
1114 Spinach	1 cup			
1104 Squash (Winter)	1 cup			
1102 Tomatoes	1 cup			
12. SALADS				
1203 Cole Slaw	1 cup			
1201 Lettuce and Tomato	1 cup			
1202 Mixed Vegetables or Lettuce	1 cup			
1205 Potato Salad	1 cup			
1204 Waldorf	1 cup			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
13. FRUITS				
1308 Apple	1 fruit			
1309 Applesauce, Fruit Cocktail, Grapes, Pears, Pineapple	1 cup			
1303 Apricots, Peaches, Nectarines	1 cup			
1312 Banana	1 fruit			
1310 Blackberries, Raspberries, Blueberries	1 cup			
1302 Cantaloupe or Muskmelon	1 melon			
1304 Cherries, Plums, Prunes	1 cup			
1307 Grapefruit	1 fruit			
1306 Orange	1 fruit			
1311 Raisins, Dates	1 cup			
1305 Strawberries	1 cup			
1301 Watermelon	1 slice			
14. JUICES				
1402 Orange Juice, Grapefruit Juice	1 ounce			
1401 Tomato Juice	1 ounce			
1403 Vitamin C Fortified Drinks	1 ounce			
1404 Other Fruit Juices	1 ounce			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
15. BREADS, ROLLS, CEREALS				
1501 Bread (All kinds (except cornbread)	1 slice			
1507 Cereals, Cooked (oatmeal, cornmeal, cream of wheat, farina)	1 cup			
1504 Cereals, Highly Enriched (Total, Product 19)	1 cup			
1505 Cereals, Pre-sweetened dry	1 cup			
1506 Cereals, Other Dry (including granola)	1 cup			
1510 Crackers (plain or soda)	1 square			
1503 Danish Pastry or Donut	1 pastry			
1508 Pancakes	1 cake			
1502 Rolls, Buns, Biscuits, Muffins	1 roll			
1509 Waffles	1 waffle			
16. DESSERTS				
1610 Baked fruit desserts	1 cup			
1601 Butter Cake (All flavors)	1 slice or 1 cupcake			
1604 Cheesecake	1 slice			
1613 Chocolate Sauce	1 tbsp.			
1605 Cookies (plain)	1 cookie			
1607 Cream pie	1 slice			
1608 Fruit pie	1 slice			
1606 Gelatin desserts	1 cup			
1614 Icing	1 tbsp.			
1612 Milk desserts (custard, junket, ice cream, yoghurt)	1 cup			
1603 Pound Cake	1 slice			
1611 Puddings (All flavors, bread or rice)	1 cup			
1609 Pumpkin pie	1 slice			
1602 Sponge, Angel, or Chiffon Cake	1 slice			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
17. SNACK FOODS				
1702 Corn Chips	10 pieces			
1701 Potato Chips	10 pieces			
18. SWEETS				
1803 Chocolate candy & Peanut candy	1 ounce			
1802 Jellies, jam, marmalade, and honey	1 tbsp.			
1801 Sugar	1 tsp.			
1804 Other candy	1 ounce			
19. BEVERAGES				
1903 Beer	1 ounce			
1902 Soft drinks	1 ounce			
1901 Soft drinks (Diet)	1 ounce			
1904 Wine	1 ounce			
1905 Other Alcoholic Drinks, Highballs	1 ounce			
20. OTHER FOOD				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	FILL IN UNITS			

K2. Do you taste while you cook?

1 YES
2 NO
3 DON'T COOK
4 DON'T KNOW

K3. Was there anything special about yesterday that made you eat differently from the way you normally eat?

1 YES
2 NO ⟶ SKIP TO Q.K5

IF "YES," ASK:

K4. What was special about yesterday?

1 ILLNESS
2 DID NOT GET OUT
3 NO MONEY
4 NO FOOD AVAILABLE
5 FASTING
6 WEATHER
7 NO APPETITE
8 OTHER (SPECIFY):_____

_____

_____

K5. Did you eat at the meal site yesterday?

1 YES
2 NO
3 DON'T KNOW

TIME ENDED:_____

LENGTH OF INTERVIEW:_____MINUTES

32
L1 (N)

L. INTERVIEWER'S OBSERVATIONS

DO NOT ASK RESPONDENT THESE QUESTIONS.

L1. Day of week on which interview was completed?
1 SUNDAY
2 TUESDAY
3 WEDNESDAY
4 THURSDAY
5 FRIDAY
6 SATURDAY

L2. Does the respondent seem realistically oriented as to time, place, and person?
1 YES
2 NO

L3. Has the respondent been cooperative during the interview?
1 YES
2 NO

L4. Did the respondent have any problems comprehending the interview questions?
1 YES
2 NO → GO TO Q.L5

IF YES:
1 Language barrier _____
2 Handicap (SPECIFY): _____
3 Other (SPECIFY): _____

L5. Does the respondent seem able to read?
1 YES — GO TO Q.L6
2 NO
3 DON'T KNOW — GO TO Q.L6

IF NO:
L5a. Is the reason . . .
1 POOR EYESIGHT
2 ILLITERACY
3 OTHER (SPECIFY):
_____
_____
4 NOT DETERMINED

L6. Language in which interview was conducted: _____

L7. Sex of respondent:
1 MALE
2 FEMALE

L8. Race of respondent:
1 HISPANIC
2 AMERICAN INDIAN OR ALASKAN NATIVE
3 ASIAN OR PACIFIC ISLANDER
4 BLACK, NOT OF HISPANIC ORIGIN
5 WHITE, NOT OF HISPANIC ORIGIN

L9. Is this person:
1 SPANISH-SPEAKING
2 NON-SPANISH-SPEAKING

L10. Living standard level:
1 PROSPEROUS
2 UPPER MIDDLE
3 MIDDLE
4 LOWER

INTERVIEWER: FILL OUT FROM PERSONAL OBSERVATION. CIRCLE THE NUMBER WHICH BEST DESCRIBES THE TYPE OF DWELLING, ITS AGE, AND THE AREA IN WHICH IT IS LOCATED.

L11. TYPE OF DWELLING:
1 APARTMENT (3 STORIES OR MORE)
2 GARDEN APARTMENT (ONE OR 2 STORIES)
3 MULTIPLE FAMILY DWELLING ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
4 MULTIPLE FAMILY DWELLING DETACHED (DUPLEX, DOUBLE HOUSE, RESIDENTIAL HOUSE WITH MORE THAN ONE FAMILY IN IT)
5 SINGLE FAMILY ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
6 SINGLE FAMILY DETACHED (RESIDENTIAL HOUSE, HOUSE TRAILERS, HOUSES WITH YARDS)

L12. AGE OF DWELLING:
1 BUILT DURING 1960 TO THE PRESENT
2 1950 - 1959
3 1940 - 1949
4 1930 - 1939
5 1920 - 1929
6 BUILT PRIOR TO 1920

L13. TYPE OF AREA:
1 CENTER OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
2 RESIDENTIAL AREA WITHIN THE CITY LIMITS OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
3 MODERATE SIZED CITY (SELF-CONTAINED)
4 NEW SUBURB (PRIMARILY BUILT SINCE WORLD WAR II)
5 OLD SUBURB (PRIMARILY BUILT BEFORE WORLD WAR II)
6 SMALL TOWN
7 RURAL

L14. Can respondent converse in English?
1 YES
2 NO
3 NOT DETERMINED

L15. Does respondent read any English?
1 YES
2 NO
3 NOT DETERMINED

L16. Indicate below all persons other than respondent who were present during interview, their relationship to respondent, and their participation in the interview (including influencing the respondent's answers in any way).

34
L3 (N)

L17. Indicate anything else about the interview, respondent, or situation that you feel is significant.

I certify that this is a complete and honest interview taken in accordance with my instructions. Furthermore, I promise to maintain the responses in strictest confidentiality.

Signed: _____

Date: _____

Location: _____
CITY STATE

1
A1 (F)
51468
4/16/82

OMB No.: 090-0123
Approval Expires:
September 30, 1982

Nutrition Program for the Elderly
Longitudinal Evaluation

Former Participant Questionnaire

A. PERSONAL EXPERIENCE WITH NUTRITION PROGRAM

A1. How often did you usually go to this site for a hot meal?

1 MONDAY-FRIDAY (EVERY DAY)
2 FOUR TIMES A WEEK
3 THREE TIMES A WEEK
→ GO TO Q.A4a

4 TWO TIMES A WEEK
5 ONCE A WEEK
6 TWO TO THREE TIMES A MONTH
7 MONTHLY
8 LESS OFTEN THAN MONTHLY
9 DON'T KNOW OR CAN'T SAY
0 OTHER (SPECIFY):

_____

_____

IF LESS THAN THREE TIMES A WEEK, ASK:

A2. Did you usually go to this site on certain days, or did you go just when you felt like it?

1 CERTAIN DAYS
2 WHEN FELT LIKE IT → GO TO Q.A4a
3 DON'T KNOW

IF "CERTAIN DAYS," ASK:

A3. Why did you go just on certain days?

A4a. How likely is it that you would ever go to this place for a hot meal again -- would you say it is very likely, fairly likely, not very likely, or not likely at all?

1 VERY LIKELY
2 FAIRLY LIKELY → SKIP TO Q.A5
3 NOT VERY LIKELY
4 NOT LIKELY AT ALL
5 NO OPINION → SKIP TO Q.A5

IF "NOT VERY LIKELY" OR "NOT LIKELY AT ALL" ON QA4a, ASK:

A4b. Why is that?

2
A2 (F)

A5. Thinking back, when was the first time you went to this place or site for a hot meal? (How long ago was that?)

1 WITHIN PAST WEEK
2 WITHIN PAST MONTH
3 WITHIN PAST THREE MONTHS
4 WITHIN PAST SIX MONTHS
5 WITHIN PAST YEAR
6 LONGER THAN A YEAR AGO
7 DON'T KNOW

A6. How did you first hear about this hot meal program?

1 SOME PERSON TOLD ME
2 NEWSPAPER OR TV
3 POSTER, SOMETHING IN MAIL
4 ANNOUNCEMENT IN CLUB OR CHURCH
5 REFERRED BY SOME SOCIAL AGENCY (POLICE, HOSPITAL, ETC.)
6 DON'T KNOW

A7. How did you get to the hot meal site?

PROBE: IF "BUS" DISTINGUISH BETWEEN SPECIAL BUS OR PUBLIC BUS.

1 WALKED
2 DROVE MYSELF IN A CAR
3 DRIVEN BY A FRIEND OR RELATIVE
4 PICKED UP BY SPECIAL CAR OR BUS
5 USED PUBLIC TRANSPORTATION
6 DON'T KNOW

A8. Did you have a lot of trouble getting to the site, some trouble, a little trouble, or no trouble at all?

1 A LOT OF TROUBLE
2 SOME TROUBLE
3 A LITTLE TROUBLE
4 NO TROUBLE
5 DON'T KNOW
→ GO TO Q.A10

IF 1, 2, 3, ASK:
A9. What kind of trouble did you have getting to the site?

A10. Were you asked to make a donation, were you charged a fee, or was the meal free?

1 DONATION
2 CHARGE
3 FREE
4 DON'T KNOW
→ GO TO SECTION B

IF "DONATION" OR "CHARGE" ON Q.A10, ASK:
A10a. Did you increase your contribution while you were in this program?
1 YES
2 NO
GO TO QUESTION A11.

ion
ne
pay?

1 SET BY SITE
2 YOU DECIDED AMOUNT FOR YOURSELF
3 DON'T KNOW
→ GO TO SECTION B

of money you were asked to pay was too much, too little, about right, or should the meal be free?

1 TOO MUCH
2 TOO LITTLE
3 ABOUT RIGHT
4 MEAL SHOULD BE FREE
5 NO OPINION
6 DON'T KNOW

B. PERSONAL EVALUATION OF NUTRITION PROGRAM

B1. Was the hot meal site open at other hours of the day besides mealtime?
1 YES
2 NO
3 DON'T KNOW

B2. Did the hot meal site offer activities such as games, movies, or singing?
1 YES
2 NO
3 DON'T KNOW → GO TO Q.B4

IF "YES" ON Q.B2, ASK:

B3. How often did you participate in any of these activities -- always, sometimes, rarely, or never?
1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

B4. Did you spend a lot of time, some time just a little time, or no time, visiting with friends at the meal site?
1 A LOT OF TIME
2 SOME TIME
3 JUST A LITTLE
4 NO TIME
5 DON'T KNOW

B5. All things considered, was the meal site a very pleasant place to go, a fairly pleasant place, not too pleasant, or a very unpleasant place to go?
1 VERY PLEASANT
2 FAIRLY PLEASANT
3 NOT TOO PLEASANT
4 VERY UNPLEASANT
5 DON'T KNOW

B6a. What did you like most about the meal site -- the food, the people you visited with, the staff, or what?
1 FOOD
2 PEOPLE
3 STAFF
4 OTHER (SPECIFY): _____
5 DON'T KNOW

B6b. What did you like least about the meal site?
1 FOOD
2 PEOPLE
3 STAFF
4 OTHER (SPECIFY): _____
5 DON'T KNOW

B7. Did you ever go to the meal site and not get served because the site was full?
1 YES
2 NO
3 DON'T KNOW

B8. Did you get enough to eat at the meal site? Would you say always, sometimes, rarely, or never?
1 ALWAYS
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

B9. Did the food usually taste good at the site?

1 YES
2 NO
3 DON'T KNOW

B10. Did it save you a lot of money, some money, a little money, or no money, to eat at the site, or did it cost you money?

1 SAVE A LOT
2 SAVE SOME
3 SAVE A LITTLE
4 SAVE NOTHING
5 COSTS MONEY
6 DON'T KNOW

B11. Did the people at the site ever offer to go with you to help you do your grocery shopping, or not?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.B14

IF "YES," ASK:

B12. How often was this shopping assistance offered? Was it more than once a week, once a week, once every two weeks, once a month, or less than once a month?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE EVERY TWO WEEKS
4 ONCE A MONTH
5 LESS THAN ONCE A MONTH
6 DON'T KNOW

B13. Did you usually use this assistance whenever it was offered, only occasionally, or have you never used it?

1 WHENEVER OFFERED
2 ONLY OCCASIONALLY
3 NEVER USED
4 DON'T KNOW

B14. Did the site ever help people get medical examinations, treatments, or medicines?

1 YES
2 NO
3 DON'T KNOW → GO TO SECTION C

IF "YES," ASK:

B15. Did you ever use this service?

1 YES
2 NO

C. PERSONAL MOBILITY

C1. Altogether, about how many times a week do you get out of your house (apartment) to run errands, visit, or just walk? Would you say you get out nearly every day, every other day, once or twice a week, or less than once a week?

1 NEARLY EVERY DAY
2 EVERY OTHER DAY
3 ONCE OR TWICE A WEEK
4 LESS THAN ONCE A WEEK
5 OTHER (SPECIFY):_____
_____
6 DON'T KNOW

C2. Do you dress yourself every day, including putting on your shoes?

1 YES
2 NO
3 DON'T KNOW

C3. Can you clean and maintain your house or apartment yourself?

1 YES
2 NO
3 DON'T KNOW

C4. Can you go out of doors . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C5. Can you walk up and down stairs . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C6. Can you get about the house . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C7. Can you wash and bathe yourself . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C8. Can you dress yourself and put on shoes . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

C9. Can you cut your own toenails . . .

1 Without difficulty and without help?
2 With some difficulty but still without help of another person?
3 With difficulty and only with the help of another person?

D. HEALTH

D1. How many times have you seen a doctor for any reason during the past year?

_____TIMES

D2. How many of these times were for a check-up or physical examination?

_____TIMES

D3. During the past year, how much time altogether were you in bed all or most of the day because of illness or a health condition?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D4. How many days, in the past year, were spent in a hospital or nursing home?

0 NONE
1 A WEEK OR LESS
2 MORE THAN A WEEK BUT LESS THAN ONE MONTH
3 1-3 MONTHS
4 4-6 MONTHS
5 7-9 MONTHS
6 10 MONTHS OR MORE
7 CANNOT RECALL

D5. Do you use any of the following aids regularly?

(CHECK "YES" OR "NO" FOR EACH AID.)

	YES	NO
Cane (including tripod-tip cane)	1	2
Walker or crutches	1	2
Wheelchair	1	2
Brace	1	2
Hearing aid	1	2
Other (SPECIFY):_____	1	2

D6. How is your eyesight -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D7. How is your hearing -- excellent, good, fair, or poor?

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
5 DON'T KNOW

D8. Do you have difficulty chewing food, or not?
1 YES
2 NO
3 DON'T KNOW
→ GO TO Q.D10

IF "YES," ASK:

D9. Are there some foods that you just can't eat because you can't chew them?
1 YES
2 NO
3 DON'T KNOW

D10. Do you smoke cigarettes?
1 YES
2 NO
3 DON'T KNOW

D11a. Do you drink alcoholic beverages?
1 YES
2 NO
3 DON'T KNOW
→ GO TO Q.D12

IF "YES," ASK:

D11b. Have you ever had a problem with your health because of your drinking, or been advised by a physician to cut down on your drinking?
1 YES
2 NO
3 DON'T KNOW

D12. How would you rate your health generally at the present time -- excellent, good average, fair, or poor?
1 EXCELLENT
2 GOOD
3 AVERAGE
4 FAIR
5 POOR

D13. Is your health generally better now, about the same, or worse than it was last year?
1 BETTER
2 ABOUT THE SAME
3 WORSE
4 CAN'T SAY/DON'T KNOW

D14. Do you ever receive information about health care payments or insurance matters through the hot meal site?
1 YES
2 NO
3 DON'T KNOW

D15. What is your height?
☐ ☐☐
FEET INCHES

D16. What is your weight?
☐☐☐
POUNDS

D17. Have you gained or lost weight during the past year, or have you stayed the same?
1 GAINED
2 LOST
3 SAME
4 DON'T KNOW
→ GO TO SECTION E

IF GAINED OR LOST WEIGHT, ASK:

D18. How many pounds have you (gained or lost during the past year)?
☐☐☐
POUNDS

E. EATING HABITS

Now, I'd like to ask you a few questions about the meals you eat at home.

E1. When you eat at home, do you normally eat by yourself or with other people?

1 BY SELF
2 WITH OTHERS
3 DON'T KNOW

E2. Do you have hot meals at home?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.E4

IF "YES," ASK:

E3. Do you have hot meals daily, several times a week, once a week, or less often than once a week?

1 DAILY
2 SEVERAL TIMES A WEEK
3 ONCE A WEEK
4 LESS THAN ONCE A WEEK
5 DON'T KNOW

E4. Do you normally prepare your meals yourself, or do you help someone else cook, or don't you cook at all?

1 PREPARE OWN MEALS → GO TO Q.E6
2 HELP SOMEONE ELSE COOK
3 DON'T COOK
4 DON'T KNOW

IF 2, 3, OR 4 ON Q.E4, ASK:

E5. Can you prepare hot meals for yourself if you need to?

1 YES
2 NO
3 DON'T KNOW

E6. How often do you invite friends or relatives to have lunch or dinner with you -- often, sometimes, rarely, or never?

1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
5 DON'T KNOW

E7. Do you ever try out new kinds of food or recipes that you have never tasted before?

1 YES
2 NO
3 DON'T KNOW

E8. Do you usually enjoy eating, enjoy it some of the time, or do you just eat because you have to?

1 USUALLY ENJOY
2 SOMETIMES ENJOY
3 EAT OUT OF NECESSITY
4 NO OPINION
5 DON'T KNOW

E9. Do you feel you generally eat very nutritious meals, fairly nutritious meals, or not too nutritious meals?

1 VERY NUTRITIOUS
2 FAIRLY NUTRITIOUS
3 NOT TOO NUTRITIOUS
4 DON'T KNOW
5 NO OPINION

E10. Do you take a vitamin or mineral supplement?

1 YES
2 NO → SKIP TO Q.E13

IF "YES," ASK:

E11. Which do you take? (READ RESPONSES)

1 MULTI-VITAMIN
2 MULTI-VITAMIN AND MINERAL
3 MULTI-VITAMIN AND IRON
4 MINERAL ONLY
5 IRON ONLY
6 INDIVIDUAL VITAMIN
7 DON'T KNOW

E12. Do you take this regularly?

1 YES
2 NO

HAND RESPONDENT CARD A

E13. Now, I'd like to know about the food you have in your house right now. Which of these kinds of food do you have in your house now? (GO OVER CARD WITH RESPONDENT.)

1 FRUIT
2 GREEN VEGETABLES
3 OTHER VEGETABLES
4 MEATS
5 FISH
6 STARCHES
7 MILK PRODUCTS
8 EGGS
9 DESSERTS
10 BAKED GOODS
11 CONDIMENTS
12 STAPLES
13 "T.V. DINNERS"
14 PET FOOD
15 SOUPS
16 BEVERAGES
17 ALCOHOLOIC BEVERAGES
18 SNACKS
19 OTHER (SPECIFY): _____

_____

20 DON'T KNOW

TAKE BACK CARD A

E14. Did they ever have classes, discussions, or brochures on nutrition or food preparation at the meal site where you used to go?

1 YES
2 NO
3 DON'T KNOW → GO TO SECTION F

IF "YES," ASK:

E15. Did you ever participate in these activities, in these classes, or read these brochures?

1 YES
2 NO
3 DON'T KNOW → GO TO SECTION F

IF "YES," ASK:

E16. How would you rate these classes, activities, or brochures on being helpful and informative to you? Would you say they were very helpful and informative, somewhat, not too, or not at all helpful and informative?

1 VERY
2 SOMEWHAT
3 NOT TOO
4 NOT AT ALL
5 NO OPINION
6 DON'T KNOW

F. PSYCHOLOGICAL WELL-BEING

F1. Would you say that overall you're in an unusually good mood today, an average mood, or do you feel particularly badly today?

1 GOOD
2 AVERAGE
3 BAD

F2. Is there something in particular that you looking forward to doing next week?

1 YES
2 NO → GO TO Q.F4

IF "YES," ASK:
F3. What is it that you are looking forward to doing?

F4. About how many close friends would you say you have in your immediate neighborhood -- friends who you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

F5. And how many close friends would you say you have outside your immediate neighborhood -- again, we're asking about people you get to see and talk with at least once a week?

☐☐
98 DON'T KNOW

F6. On the subject of friends, would you say that you have too many, just the right number, or too few?

1 TOO MANY
2 JUST RIGHT
3 TOO FEW

F7. If you wanted to confide in someone or discuss something important with someone, with whom would you want to talk?

1 SPOUSE
2 SON (IN-LAW)
3 DAUGHTER (IN-LAW)
4 OTHER RELATIVE (SPECIFY):
_____
5 NEIGHBOR
6 FRIEND
7 OTHER (SPECIFY):
_____
8 NO ONE

F8. If you got sick and needed someone to help you for a long period of time, is there someone you could ask for help?

1 YES
2 NO

F9. During the past few weeks, have you felt (ITEM) often, sometimes, rarely, or never?

		OFTEN	SOME-TIMES	RARELY	NEVER	NO OPINION
a)	Pleased about having accomplished something	1	2	3	4	5
b)	Bored	1	2	3	4	5
c)	Particularly excited or interested in something	1	2	3	4	5
d)	Upset because someone criticized you	1	2	3	4	5
e)	Depressed or very unhappy	1	2	3	4	5
f)	Proud because someone had complimented you on something you had done	1	2	3	4	5
g)	So restless that you couldn't sit long in a chair	1	2	3	4	5
h)	Lonely or remote from other people	1	2	3	4	5
i)	Pleased that things were going your way	1	2	3	4	5
j)	On top of the world	1	2	3	4	5

G. SOCIAL LIFE

G1. How often do you attend religious services?

1 MORE THAN ONCE A WEEK
2 ONCE A WEEK
3 ONCE OR TWICE A MONTH
4 LESS THAN ONCE A MONTH
5 RARELY
6 NEVER → GO TO Q.G6

IF ATTEND SERVICES AT ALL ON Q.G1, ASK:

G2. Do you sing in the choir or actively volunteer to help at church or synagogue functions?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.G4

IF "YES," ASK:

G3. Did you do this before you started going to the hot meal site?

1 YES
2 NO
3 DON'T KNOW

G4. Thinking of all your friends, would you say most of your friends go to the same church or synagogue as you, some of your friends go to the same church or synagogue, or almost none of your friends go to the same church or synagogue?

1 MOST GO TO SAME CHURCH OR SYNAGOGUE
2 SOME GO TO SAME CHURCH OR SYNAGOGUE
3 ALMOST NONE GO TO THE SAME CHURCH OR SYNAGOGUE
4 DON'T KNOW
5 HAVE NO FRIENDS

G5. Did any of the people you knew at the hot meal site go to your church or synagogue, too?

1 YES
2 NO
3 DON'T KNOW → GO TO Q.G6

IF "YES," ASK:

G5a. Did you hear about the hot meal program from a person who goes to your church or synagogue?

1 YES
2 NO
3 DON'T KNOW

G5b. Did someone from your church or synagogue go with you to the meal site?

1 YES
2 NO
3 DON'T KNOW

G5c. Does someone from your church or synagogue keep encouraging you to go to the hot meal site?

1 YES
2 NO
3 DON'T KNOW

G6. Aside from church or synagogue activities, do you belong to any clubs, lodges, or other organizations?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q.G8

IF "YES," ASK:

G7. Have you attended at least one meeting of a club, lodge, or other organization?

	YES	NO	DON'T KNOW
a. During the past week	1	2	3
b. During the past two weeks	1	2	3
c. During the past month	1	2	3
d. During the past 3 months	1	2	3
e. During the past 6 months	1	2	3
f. During the past year	1	2	3

G8. How many living children do you have?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE → SKIP TO SECTION H

IF ANY NUMBER GIVEN ON Q.G8, ASK:

G9. How long ago did you last see any of them?

1 TODAY
2 WITHIN 2-3 DAYS
3 DURING THE PAST WEEK
4 DURING THE PAST TWO WEEKS
5 DURING THE PAST MONTH
6 DURING THE PAST THREE MONTHS
7 DURING THE PAST SIX MONTHS
8 DURING THE PAST YEAR
9 ONE-TO-TWO YEARS AGO
10 HARDLY EVER
11 NEVER

G10. How many live close enough, so that you can get together fairly easily, say less than 45 minutes from here?

1 ONE
2 TWO
3 THREE
4 FOUR
5 FIVE
6 SIX
7 SEVEN
8 EIGHT
9 NINE OR MORE
0 NONE

H. INCOME SUFFICIENCY

H1. About how much money do you spend each week on food for yourself and other members of your household?

$ ☐☐☐ (RECORD TO NEAREST DOLLAR)

98 DON'T KNOW

H2. How well does the amount of money you have take care of your needs -- very well, fairly well, or poorly?

1 VERY WELL
2 FAIRLY WELL
3 POORLY
4 DON'T KNOW

H3. Do you usually have enough money to buy those little "extras"; that is, some small luxuries?

1 YES
2 NO
3 DON'T KNOW

H4. Do you support, or help support, anyone besides yourself?

1 YES
2 NO
3 DON'T KNOW

I. DEMOGRAPHICS

I1. First, are you currently married, divorced, separated, or widowed, or have you never been married?

1 MARRIED
2 DIVORCED
3 SEPARATED
4 WIDOWED
5 NEVER MARRIED

I2. At any time during the last ten years, were you ever working full-time, that is, at least 30 hours a week?

1 YES
2 NO
3 DON'T KNOW

I3. Do you own or rent your home at this address?

1 OWN HOME
2 RENT HOME
3 OWN CO-OP APARTMENT OR CONDOMINIUM
4 RENT APARTMENT
5 NEITHER OWN NOR RENT
6 DON'T KNOW

I4. Do you live here alone, or does someone live with you?

1 ALONE
2 WITH SOMEONE

I5. Would you tell me how old you are?

[ ][ ][ ] YEARS
998 REFUSED (IF REFUSED, CIRCLE 998 AND RECORD ESTIMATE BASED ON APPEARANCE, ATTITUDE AND RELATED RESPONSES)

HAND RESPONDENT CARD B

I6. Using this card as a guide, please tell me the amount of your education. Just read me the number, please.

1 NO FORMAL EDUCATION
2 FIRST OR SECOND GRADE
3 THIRD OR FOURTH GRADE
4 FIFTH OR SIXTH GRADE
5 SEVENTH GRADE
6 EIGHTH GRADE
7 NINTH GRADE
8 TENTH OR ELEVENTH GRADE
9 HIGH SCHOOL COMPLETE (12TH GRADE)
10 SOME COLLEGE
11 COLLEGE COMPLETE OR MORE
12 DON'T KNOW

TAKE BACK CARD B

I7a. Is your mother still alive?

1 YES → GO TO Q.I8a
2 NO
3 DON'T KNOW → GO TO Q.I8a

IF "NO," ASK:
I7b. How old was she when she died? ☐☐☐ YEARS

I8a. Is your father still alive?

1 YES → GO TO Q.I9
2 NO
3 DON'T KNOW → GO TO Q.I9

IF "NO," ASK:
I8b. How old was he when he died? ☐☐☐ YEARS

HAND RESPONDENT CARD C

I9. For statistical purposes, we need to know your family income for 1981. Please give me the letter that covers your total family income for 1981, before taxes. Include your own income and that of any members of your immediate family who are living with you. Just give me the letter.

1	A.	UNDER $2,000 A YEAR	1
2	B.	$2,000 - $3,999	2
3	C.	$4,000 - $5,999	3
4	D.	$6,000 - $9,999	4
5	E.	$10,000 - $13,999	5
6	F.	$14,000 - $17,999	6
7	G.	$18,000 - $21,999	7
8	H.	$22,000 AND OVER	8
9	DON'T KNOW/REFUSED		

IF "DON'T KNOW" OR "REFUSED," ESTIMATE AND RECORD HERE ____

TAKE BACK CARD C

I10. Are you (or your spouse) now using food stamps to buy any of your food?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

I11. Are you (or your spouse) now receiving any benefits from Medicaid?

1 YES, I AM
2 YES, SPOUSE
3 YES, BOTH
4 NO
5 DON'T KNOW

IF RESPONDENT RENTS A HOME OR APARTMENT (2 OR 4 ON Q.I3), ASK:

I12. Do you receive rent assistance, either in the form of money or as lower rent?

1 MONEY
2 LOWER RENT
3 OTHER (SPECIFY): _____
4 NO
5 DON'T KNOW

18
J1 (F)

J. FRIEND/RELATIVE LOCATION

If we ever want to reinterview you in the future, could you please tell me the name, address, and telephone number of someone who will know where you are in case you should happen to move?

X REFUSED

NAME: _____

ADDRESS: _____

_____

_____

_____

TELEPHONE: (_____) _____
Area Code Number

K. 24-HOUR RECALL

Now, for the next part of this interview, I would like to know what you ate yesterday. I'd like you to tell me exactly what you had to eat and drink yesterday.

If you are having trouble remembering what you ate, try to think about what you did yesterday. Often this will help you remember what you ate. Think about the very first thing you did yesterday after you got up, then the second thing, etc., until you had something to eat.

INTERVIEWER: FOR EACH FOOD EATEN BY RESPONDENT, FIND THAT FOOD OR FOOD GROUP ON THE FOLLOWING LIST. EACH FOOD HAS A SPECIFIC UNIT SIZE LISTED WITH IT.

ON THE LINES BY THE FOODS, UNDER THE HEADING "NUMBER OF UNITS," RECORD THIS INFORMATION. FOR INSTANCE, IF THE RESPONDENT HAD AN 8 OZ. GLASS OF MILK FOR BREAKFAST, AN "8" WOULD BE RECORDED ON THE APPROPRIATE LINE. HALF AND QUARTER UNITS MAY ALSO BE RECORDED.

THE COLUMN FOR RECORDING NUMBER OF UNITS HAS THREE SECTIONS. THE FIRST IS FOR ALL FOOD, INCLUDING MEALS AND SNACKS, EATEN FROM MIDNIGHT UNTIL 11 A.M. THE SECOND IS FOR FOOD EATEN BETWEEN 11 A.M. AND 4 P.M. THE THIRD IS FOR ALL FOOD EATEN AFTER 4 P.M.

IT MAY BE NECESSARY TO HELP THE RESPONDENT REMEMBER WHAT HE/SHE HAD TO EAT BY GENTLE, PROBING QUESTIONS ABOUT THEIR OTHER ACTIVITIES.

QUESTIONS LIKE THESE MAY HELP THE RESPONDENT REMEMBER BETTER.

"Did you do any work around the house?"

"Did you go somewhere yesterday?"

"Did you watch any TV programs?"

"Did you visit with neighbors or friends?"

IF NECESSARY, YOU MAY ALSO SUGGEST VARIOUS FOODS WHICH ARE OFTEN EATEN AT DIFFERENT MEALS.

CONSULT THE INTERVIEWER'S MANUAL FOR ANSWERS TO ANY QUESTIONS YOU MAY HAVE IN COMPLETING THIS FORM CORRECTLY.

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
1.	MILK AND DAIRY				
0104	Buttermilk	1 ounce			
0107	Cheese (cheddar, Swiss, American, cheese spreads)	1 ounce			
0106	Chocolate Milk	1 ounce			
0108	Cottage Cheese	1 cup			
0105	Malted Milk	1 ounce			
0102	Skim Milk	1 ounce			
0203	2% Milk	1 ounce			
0101	Whole Milk	1 ounce			
2.	BUTTER, CREAM, DRESSINGS AND FATS				
0203	Artificial Whipped Cream	1 tbsp.			
0201	Butter or Margarine	1 pat/1 tsp.			
0205	Cheese Sauce	1 tbsp.			
0204	Coffee Lightener	1 tbsp.			
0202	Cream (coffee or whipping)	1 tbsp.			
0206	Cream Sauce	1 tbsp.			
0209	Fat (Cooking/Frying)	1 tbsp.			
0210	Gravy (Meat)	1 tbsp.			
0208	Mayonnaise, Salad Dressing	1 tbsp.			
0207	Oil & Vinegar Dressing (French, Italian?	1 tbsp.			
3.	EGGS				
0301	Eggs	1 egg			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
4. MEATS, POULTRY, FISH, AND SEAFOOD				
0403 Beef (hamburger, meat loaf, roast, steak, corned or dried	1 ounce			
0409 Crabs	1 ounce			
0404 Fish or Seafood	1 ounce			
0405 Fish Sticks	1 stick			
0407 Liver (beef, pork, chicken, calf)	1 ounce			
0401 Pork (ham, chops, roast, steak)	1 ounce			
0402 Pork ribs	1 ounce			
0408 Shellfish	1 ounce			
0406 Other Meats (chicken, turkey, veal, lamb, game meats)	1 ounce			
5. MEAT PRODUCTS				
0501 Bacon	1 slice			
0503 Frankfurters, Wiener, or Bratwurst	1 link			
0504 Luncheon Meats (bologna, salami, sandwich meats)	1 slice			
0502 Pork Sausage (1 pattie = 2 links)	1 link			
6. MIXED DISHES WITH MEAT				
0602 Chicken a la king, Cream chicken, Chicken croquettes, Chicken pot pie	1 cup			
0603 Chile Con Carne, Tacos, Tamales	1 cup			
0604 Meat Stew	1 cup			
0605 Pizza with Meat	1 slice			
0601 Spaghetti with Meat Sauce, or Meat Balls, Lasagna, Ravioli	1 cup			
Other (SPECIFY): _____	1 cup			
_____	1 cup			
_____	1 cup			
_____	1 cup			

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K3 (F)

		Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
7.	NON-MEAT MIXED DISHES				
0704	Cheese Fondue	1 cup			
0703	Cheese Rarebit on Toast	1 cup			
0701	Macaroni and Cheese	1 cup			
0702	Pizza without Meat	1 slice			
	Other (SPECIFY): _____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
	_____	1 cup			
8.	NUTS				
0801	Nuts	1 cup			
0802	Peanut Butter	1 tbsp.			
9.	POTATOES, RICE, AND PASTA				
0903	French Fries	10 pieces			
0904	Mashed Potatoes	1 cup			
0906	Pasta (all varieties)	1 cup			
0901	Potatoes (baked, fried, boiled)	1 med. potato			
0905	Rice (cooked, all varieties)	1 cup			
0902	Sweet Potato	1 med. potato			
10.	SOUPS				
1004	Cream Soup	1 ounce			
1002	Pea or Bean Soup	1 ounce			
1001	Tomato Soup	1 ounce			
1003	Vegetable Soup	1 ounce			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
11. VEGETABLES				
1112 Asparagus	1 cup			
1108 Beans (green or wax)	1 cup			
1110 Beans or Peas (cooked, dry)	1 cup			
1115 Beets	1 cup			
1101 Broccoli	1 cup			
1105 Cabbage	1 cup			
1103 Carrots	1 cup			
1106 Cauliflower	1 cup			
1116 Corn	1 cup			
1113 Greens (Kale, Collards, or Turnips)	1 cup			
1111 Onions	1 cup			
1109 Peas	1 cup			
1107 Peppers	1 cup			
1114 Spinach	1 cup			
1104 Squash (Winter)	1 cup			
1102 Tomatoes	1 cup			
12. SALADS				
1203 Cole Slaw	1 cup			
1201 Lettuce and Tomato	1 cup			
1202 Mixed Vegetables or Lettuce	1 cup			
1205 Potato Salad	1 cup			
1204 Waldorf	1 cup			

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K5 (F)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
13. FRUITS				
1308 Apple	1 fruit			
1309 Applesauce, Fruit Cocktail, Grapes, Pears, Pineapple	1 cup			
1303 Apricots, Peaches, Nectarines	1 cup			
1312 Banana	1 fruit			
1310 Blackberries, Raspberries, Blueberries	1 cup			
1302 Cantaloupe or Muskmelon	1 melon			
1304 Cherries, Plums, Prunes	1 cup			
1307 Grapefruit	1 fruit			
1306 Orange	1 fruit			
1311 Raisins, Dates	1 cup			
1305 Strawberries	1 cup			
1301 Watermelon	1 slice			
14. JUICES				
1402 Orange Juice, Grapefruit Juice	1 ounce			
1401 Tomato Juice	1 ounce			
1403 Vitamin C Fortified Drinks	1 ounce			
1404 Other Fruit Juices	1 ounce			

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
15. BREADS, ROLLS, CEREALS				
1501 Bread (All kinds (except cornbread)	1 slice			
1507 Cereals, Cooked (oatmeal, cornmeal, cream of wheat, farina)	1 cup			
1504 Cereals, Highly Enriched (Total, Product 19)	1 cup			
1505 Cereals, Pre-sweetened dry	1 cup			
1506 Cereals, Other Dry (including granola)	1 cup			
1510 Crackers (plain or soda)	1 square			
1503 Danish Pastry or Donut	1 pastry			
1508 Pancakes	1 cake			
1502 Rolls, Buns, Biscuits, Muffins	1 roll			
1509 Waffles	1 waffle			
16. DESSERTS				
1610 Baked fruit desserts	1 cup			
1601 Butter Cake (All flavors)	1 slice or 1 cupcake			
1604 Cheesecake	1 slice			
1613 Chocolate Sauce	1 tbsp.			
1605 Cookies (plain)	1 cookie			
1607 Cream pie	1 slice			
1608 Fruit pie	1 slice			
1606 Gelatin desserts	1 cup			
1614 Icing	1 tbsp.			
1612 Milk desserts (custard, junket, ice cream, yoghurt)	1 cup			
1603 Pound Cake	1 slice			
1611 Puddings (All flavors, bread or rice)	1 cup			
1609 Pumpkin pie	1 slice			
1602 Sponge, Angel, or Chiffon Cake	1 slice			

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K7 (F)

	Unit Size	Number of Units: Midnight to 11 A.M.	11 - 4 P.M.	4 - MIDNIGHT
17. SNACK FOODS				
1702 Corn Chips	10 pieces			
1701 Potato Chips	10 pieces			
18. SWEETS				
1803 Chocolate candy & Peanut candy	1 ounce			
1802 Jellies, jam, marmalade, and honey	1 tbsp.			
1801 Sugar	1 tsp.			
1804 Other candy	1 ounce			
19. BEVERAGES				
1903 Beer	1 ounce			
1902 Soft drinks	1 ounce			
1901 Soft drinks (Diet)	1 ounce			
1904 Wine	1 ounce			
1905 Other Alcoholic Drinks, Highballs	1 ounce			
20. OTHER FOOD				
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	FILL IN UNITS			

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K8 (F)

K2. Do you taste while you cook?

1 YES
2 NO
3 DON'T COOK
4 DON'T KNOW

K3. Was there anything special about yesterday that made you eat differently from the way you normally eat?

1 YES
2 NO → SKIP TO Q.K5

IF "YES," ASK:

K4. What was special about yesterday?

1 ILLNESS
2 DID NOT GET OUT
3 NO MONEY
4 NO FOOD AVAILABLE
5 FASTING
6 WEATHER
7 NO APPETITE
8 OTHER (SPECIFY):_____

_____

_____

K5. Did you eat at the meal site yesterday?

1 YES
2 NO
3 DON'T KNOW

TIME ENDED:_____

LENGTH OF INTERVIEW:_____MINUTES

36
L1 (F)

L. INTERVIEWER'S OBSERVATIONS

DO NOT ASK RESPONDENT THESE QUESTIONS.

L1. Day of week on which interview was completed?
1 SUNDAY
2 TUESDAY
3 WEDNESDAY
4 THURSDAY
5 FRIDAY
6 SATURDAY

L2. Does the respondent seem realistically oriented as to time, place, and person?
1 YES
2 NO

L3. Has the respondent been cooperative during the interview?
1 YES
2 NO

L4. Did the respondent have any problems comprehending the interview questions?
1 YES
2 NO → GO TO Q.L5

IF YES:
1 Language barrier _____
2 Handicap (SPECIFY): _____
3 Other (SPECIFY): _____

L5. Does the respondent seem able to read?
1 YES → GO TO Q.L6
2 NO
3 DON'T KNOW → GO TO Q.L6

IF NO: L5a. Is the reason . . .
1 POOR EYESIGHT
2 ILLITERACY
3 OTHER (SPECIFY):
_____
_____
4 NOT DETERMINED

L6. Language in which interview was conducted: _____

L7. Sex of respondent:
1 MALE
2 FEMALE

L8. Race of respondent:
1 HISPANIC
2 AMERICAN INDIAN OR ALASKAN NATIVE
3 ASIAN OR PACIFIC ISLANDER
4 BLACK, NOT OF HISPANIC ORIGIN
5 WHITE, NOT OF HISPANIC ORIGIN

L9. Is this person:
1 SPANISH-SPEAKING
2 NON-SPANISH-SPEAKING

L10. Living standard level:
1 PROSPEROUS
2 UPPER MIDDLE
3 MIDDLE
4 LOWER

INTERVIEWER: FILL OUT FROM PERSONAL OBSERVATION. CIRCLE THE NUMBER WHICH BEST DESCRIBES THE TYPE OF DWELLING, ITS AGE, AND THE AREA IN WHICH IT IS LOCATED.

L11. TYPE OF DWELLING:
1 APARTMENT (3 STORIES OR MORE)
2 GARDEN APARTMENT (ONE OR 2 STORIES)
3 MULTIPLE FAMILY DWELLING ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
4 MULTIPLE FAMILY DWELLING DETACHED (DUPLEX, DOUBLE HOUSE, RESIDENTIAL HOUSE WITH MORE THAN ONE FAMILY IN IT)
5 SINGLE FAMILY ATTACHED (ROW HOUSE, ATTACHED ON BOTH SIDES)
6 SINGLE FAMILY DETACHED (RESIDENTIAL HOUSE, HOUSE TRAILERS, HOUSES WITH YARDS)

L12. AGE OF DWELLING:
1 BUILT DURING 1960 TO THE PRESENT
2 1950 - 1959
3 1940 - 1949
4 1930 - 1939
5 1920 - 1929
6 BUILT PRIOR TO 1920

L13. TYPE OF AREA:
1 CENTER OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
2 RESIDENTIAL AREA WITHIN THE CITY LIMITS OF A MAJOR METROPOLITAN CITY (250,000 OR MORE)
3 MODERATE SIZED CITY (SELF-CONTAINED)
4 NEW SUBURB (PRIMARILY BUILT SINCE WORLD WAR II)
5 OLD SUBURB (PRIMARILY BUILT BEFORE WORLD WAR II)
6 SMALL TOWN
7 RURAL

L14. Can respondent converse in English?
1 YES
2 NO
3 NOT DETERMINED

L15. Does respondent read any English?
1 YES
2 NO
3 NOT DETERMINED

L16. Indicate below all persons other than respondent who were present during interview, their relationship to respondent, and their participation in the interview (including influencing the respondent's answers in any way).

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L3 (F)

L17. Indicate anything else about the interview, respondent, or situation that you feel is significant.

I certify that this is a complete and honest interview taken in accordance with my instructions. Furthermore, I promise to maintain the responses in strictest confidentiality.

Signed: _____

Date: _____

Location: _____
CITY STATE